

## **Opioid Free Analgesia: Postoperative analgesia**

Postoperative pain remains a big problem complicating patients' perioperative course. It is a multifactorial problem influenced by gender, age, personal beliefs, preoperative anxiety, surgical diagnosis and intraoperative factors. Postoperative analgesia may be influenced by interventions done pre-, intra- and postoperatively. Inadequate postoperative analgesia might have short term complications (inadequate breathing, mobilization delays, anxiety as well as patient and family stress) and long term complications as chronic postsurgical pain, depression and disabilities.

For many years the mainstay in postoperative analgesia has been the use of the WHO ladder. The WHO ladder includes paracetamol, NSAIDs and opioids. Many physicians consider opioids the main medication in treating postoperative pain. Opioids have some well documented side effects (respiratory depression, constipation, tolerance, addiction and hyperalgesia). Exogenous opioids have been implicated in affecting the immune system (immune system depression). The latter has been shown inconsistently in publications. The global problem of the opioid epidemic stresses the importance of reducing opioids usage.

The use of regional techniques is the main method facilitating reduction and abandonment of opioids. For many years the gold standard regional technique has been the epidural analgesia. Unfortunately epidurals have some potential serious side effects (hemodynamic instability, nausea, and vomiting and muscle weakness). It is no longer considered the gold standard of postoperative analgesia.

The global trend is towards abandoning opioid use. Peripheral nerve blocks (mainly catheter techniques) have led to a pain free postoperative period. Progress looks promising. Development of nerve blocks, compartment blocks (like Fascia Iliaca Block), plane blocks (like TAP block, Rectus Sheath and Erector Spinae Plane Block) as well as all paravertebral blocks has provided the ability to cover all anatomical areas with little (or none) side effect. The trend in regional anesthesia is moving from aiming specific nerves towards injecting in planes and compartments, increasing techniques' safety and simplicity.

From paravertebral techniques we witnessed the development of ESP block which is a much easier and safer technique.

The challenge is using these modern techniques to have a perfectly pain free and comfortable patient in the postoperative period. There are still hospitals in many countries that do not have the ability of performing US guided PNB due to lack of training or equipment. The training of perioperative physicians in these techniques is essential and the long term profit from equipment supply will surely be a cost effective investment.

We welcome articles, reviews and commentaries focused on postoperative analgesia. Your experience especially involving modern techniques will surely improve our practice and spread the new trends in this field. Of huge importance is your experience with PNB minimizing opioid usage.

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