

Postoperative analgesia for spine surgery

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Multimodal analgesia has become the standard in postoperative pain management. The combination of regional analgesia and non-opioid analgesic drugs effectively relieved postoperative pain with less adverse events than opioid monotherapy. Postoperative pain management after orthopedic surgeries, except for spine surgery, is an example of multimodal analgesia. The erector spinae plane block and retrolaminar block have been investigated as pain relief techniques after spine surgery. These methods involved blocking the posterior branches of the spinal nerves. Hence, several techniques can be considered as multimodal analgesia after spine surgery.

The severity of postoperative pain is a risk factor for chronic postsurgical pain. Meanwhile, perioperative opioid consumption has been associated with progressive chronic pain after spine surgery. These highlighted the importance of providing the appropriate multimodal analgesia in spine surgery. However, the outcomes of the spine surgery due to chronic pain are influenced by psychosocial factors. Therefore, the postoperative pain management of spine surgery is complicated.

This special issue aimed to discuss the management of postoperative pain in spine surgery. Postoperative pain management in spine surgery should be conquered, rather than abandoned. The special issue discusses the current problems, new strategies, and other perspectives.

Key words: spine surgery, postoperative pain management, multimodal analgesia, opioid, erector spinae plane block, retrolaminar block

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