Reducing Chronic Pain After Surgery

Rushikesh Singh, MD, MPH

The first steps in reducing chronic pain after surgery begin with preventative actions before undergoing surgery. Patients should talk to their doctors about the risks associated with surgery, including post-surgical adhesions. Adhesions are a natural by-product of healing after surgery. For some patients, adhesions never result in any pain or dysfunction. For others, adhesions can cause mild to severe ongoing pain and dysfunction.

In preventing postoperative abdominal and pelvic adhesions, three main actions should be included: choosing the least invasive surgery in order to decrease the risk of adhesion formation (e.g. laparoscopy preferred to laparotomy); taking precautions to minimize tissue trauma (e.g. limiting packing, crushing, and manipulating of tissues during surgery); and using an adhesion barrier for patients who are at high risk of forming clinically significant adhesions. For women undergoing gynecological surgery, high risk factors are present for women who have endometriosis or pelvic inflammatory disease or who are undergoing a myomectomy.

In general, surgical pain generally passes within the first days or weeks after a surgery. In the most invasive surgeries, pain may take two or three weeks to dissipate. When surgery pain persists for three or more months it is considered chronic and is often the result of post surgical adhesions. Regardless of the finest skills of a skilled surgeon using all necessary precautions, some patients will still suffer with chronic pain after surgery.

Chronic pain caused by adhesions is generally noticed within the first six to twelve months after surgery as reviewed by Dr. Wu et al. (1). In some cases, patients notice a pulling sensation immediately after surgery. In other cases, the pull of surgical and secondary adhesions may cause pain weeks or months after surgery. In other instances, the slow formation of compensatory adhesions in the body causes inflammation that begins two or more years after a surgery. These compensatory adhesions can create pain that increases or spreads to other areas of the body over time.

In some cases, pain occurs as a direct response to adhesions attaching to nerves. This is generally experienced as a sharp or piercing pain. In other cases, adhesions can create a pull into broad areas or larger pain-sensitive structures, such as muscles, organs, and their support tissues. In this case, pain may come with certain movements or body positions. This pain may be specific, but is usually duller than with adhesions that have attached more directly to nerves.

Post-surgical adhesion symptoms can range from confusing and annoying to totally debilitating. In the digestive tract, they can decrease the ability to move or digest food. In the case of bowel obstructions, they can become life threatening. In women, they can impair reproductive function and cause infertility.

Strict adherence to doctor’s orders are important in helping to heal after surgery. Medications to reduce pain and inflammation can help the body heal faster along with following the post-surgical guidelines the physician prescribes for rest, physiotherapy, and rehabilitation.

Post surgical pain or dysfunction that remains due to adhesions may be reduced or eliminated with a manual physical therapy protocol that addresses the soft tissues of the muscles, nerves, tendons, ligaments, and fascia of the body.

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Author Affiliations: Faculty of Medicine, University of Delhi, New Delhi, Delhi 110021, India (Singh).

Correspondence to: Dr. Rushikesh Singh, MD, MPH, Faculty of Medicine, University of Delhi, New Delhi, Delhi 110021, India. Email: rsingh@gmail.com

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