



Dexmedetomidine Might Reduce the Incidence of Chronic Post-operative Pain after Major Abdominal Surgery

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Introduction

There is a growing number of studies exploring the incidence of chronic postoperative pain (CPSP), pain that cannot be explained by other causes and that persists more than 2 months after surgery [1]. Neuropathic characteristics are often present. Reported incidence in abdominal surgery is 10-50% [2,3]. It is a medical problem with huge economic implications. In one-third of the patients consulting pain clinics, pain is consecutive to surgery [4]. For abdominal surgery, a randomized controlled study with 85 patients showed a beneficial effect on acute postoperative and long-term pain up to 12 months after surgery in patients who received perioperative epidural analgesia [5]. It reduces mechanical and heat hyperalgesia and mitigates postoperative pain [8]. The growing number of evidence suggests a beneficial effect of DEX and epidural analgesia on CPSP after major abdominal surgery. The aim of our study was to evaluate the influence of DEX on the incidence of CPSP and neuropathic pain.

All patients were visited by a member of our team a day prior to surgery to seek an informed consent and to answer any questions. Only patients scheduled for elective procedure with suspected carcinoma were included. Patients with contraindications for epidural analgesia and patients with planned postoperative stay in ICU were excluded. Patients were admitted to the preoperative preparation area immediately before the surgery. A monitoring and iliofemoral line placement, dexmedetomidine infusion was started (one hour). Continuous infusion ended after skin suture at the end of the procedure.

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