

Abstract

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

Jenko M*, Lukanovic NP, Jankovic VN and Vesel AS

University Medical Center of Ljubljana, Ljubljana, Slovenia

Aim: T[^ça| `ac^ i} ' `^}&^ [- å^¢ { ^å^c[{iåi}^ [} i} &i}^ [- k@| [] i] ~ [] ^!aciç^]ai} a} a} a} } ^:[] ao@i&]ai}.

Background: Chronic postoperative pain (CPSP), pain that cannot be explained by other causes and that persist more than 2 months after surgery, occurs in 10-50% of patients after the major abdominal surgery. It is a medical problem with huge economic implications. Intraoperative infusion of dexmedetomidine (DEX), a selective alpha2 adrenoreceptor agonist and presence of epidural analgesia may affect the incidence of CPSP.

Method: Adult surgical patients from the Clinical department of abdominal surgery UMC Ljubljana that were planned to undergo one of the following procedures: stomach surgery, pancreas surgery or large intestinal resections, were included in this prospective study. All patients had epidural analgesia and intraoperative DEX infusion. Three months after the procedure, structured questionnaire was send to patients. The intensity and quality of pain were examined. DN4 (Douleur Neuropathique 4) and painDetect questionnaires were used.

Results: W^@aç^\^&^iç^å 42 (50%)] | [] ^||^, ||^å DN4 ~ ` ^•ci[} } ai|^• a } å 45 (53%)] ai} -å^c^&c ~ ` ` ^•ci[} } ai|^•. The incidence of neuropathic pain in our study was 7.1% (3 patients have met criteria for neuropathic pain according

Conclusion: Our prospective study might suggest a favorable role of intraoperative dexmedetomidine infusion on post-operative incidence of chronic postoperative pain

Keywords: Dexmedetomidine; Neuropathic pain; Abdominal surgery

Introduction

ere is a growing number of studies exploring the incidence of chronic postoperative pain (CPSP), pain that cannot be explained by other causes and that persist more than 2 months a er surgery [1]. Neuropathic characteristics are o en 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 bene cial e ect on acute postoperative and long-term pain up to 12 months a er surgery in patients who received perioperative epidural analer5dreduces mechanical and heat nyperalges and mitigates postoperative e growing number of evidence suggest bene cial e ect of DEX and epidural analgesia on CPSP a er major abdominal surgery. aim of our study was to evaluate in uence of DEX on incidence of CPSP and neuropathic pain.

A ptients were isited to a member of our team a day pior to surgry to seelan informed consent and to answer any questions. (a) ptients scheduled or elective pocedure with suspected carcinoma were included Rients with contraindications or ejdural analysia and patients with Janned postopratio stay in IC Were enduded. Rients were admitted to peoprativ pepration area immediate bore the surgry. Ar monitoring and ilime lacement, demedetomidine infision was started (Inchour) Continuous infision ended aer skn suture at the end of the pocedure.

oracic ejdural catheter insertion in lelateral position was profrmed Salue of as considered statistically sigicant e study was apped battional Medical thics Committee of Sloenia and reintered

Received: April 10, 2018; Accepted: May 22, 2018; Published: May 26, 2018

Citation: Jenko M, Lukanovic NP, Jankovic VN, Vesel AS (2018) Dexmedetomidine Might Reduce the Incidence of Chronic Post-operative Pain after Major Abdominal Surgery. Anesth Commun 2: 102.

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^{*}Corresponding author: Jenko M, University Medical Center of Ljubljana, Ljubljana, Slovenia, Tel: +386 1 5437 702; E-mail: jenko.matej@gmail.com