



Tool Predicts Risk of Chronic Pain After Surgery



A study has developed a new scoring system that helps physicians identify patients' risks of chronic pain after surgery. Researchers needed to predict this risk at the time when surgery is being planned. Hence, they created a new planning tool that they could use prior to surgery. This is a crucial stage when doctors plan measures to be taken to prevent pain after surgery.

"Our study rigorously examined patients' risks of chronic postsurgical pain," said lead author Antonio Montes Perez, MD, PhD, department of anaesthesiology, Hospital del Mar in Barcelona, Spain. "We developed a risk scoring system that can be used before surgery, when care planning and preventive measures are critically important." The study is published in the Online First edition of *Anesthesiology*, the official medical journal of the American Society of Anesthesiologists (ASA).

In the study, Dr. Montes and his colleagues examined 2,929 patients undergoing three common types of surgery: hysterectomy, hernia repair and thoracotomy. The investigators followed the patients for two years, assessing their pain at four, 12 and 24 months after surgery.

The study, known as GENDOLCAT, showed that there is substantial risk of chronic pain after surgery, with 18 percent of the patients developing chronic pain after four months. Moreover, 5.2 percent of patients were still experiencing chronic pain even 24 months post surgery.

The research team developed the new scoring system based on six predictors among the patients in the study: type of surgery, age, mental health status, physical health status, preoperative pain in the surgical area, and preoperative pain in another area.

According to Dr. Montes, risk scoring facilitates informed patient-physician discussion of strategies so together they can:

- Carefully consider the surgery;
- Plan to use the most appropriate pain relief techniques during the recovery period;
- Implement preventive measures before and during surgery; and
- Set a pain monitoring schedule and follow-ups.

Dr. Montes' team also tested for 90 genetic predictors, but found they did not play a role in the development of chronic pain after surgery in this study.

“This scoring system improves the way we examine patients prior to surgery, which is based on an extensive physical examination rather than just clinical factors,” Dr. Montes pointed out. “As far as genetic influence, additional research should be conducted to determine whether or not other genetic factors not considered in this study contribute to chronic pain after surgery.”

Source: [American Society of Anesthesiologists \(ASA\)](#)

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