

Postoperative control of pain in the geriatric patient after spinal surgery

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There are many physiological changes that occur with aging. The elderly also have significant co-morbid diseases that include dementia, Alzheimer's disease, cardio-respiratory dysfunction, renal dysfunction, and musculoskeletal disorders. These changes and those concomitant disorders may not only limit the administration of medications, but also they also make pain assessment challenging and pain management difficult in the elderly. Psychiatric conditions and/or psychological impact of pain and chronic primary conditions, e.g., chronic back pain, needs to be taken into account when managing elderly patients after spinal surgery.

Otherwise exists the pretence that age dulls the sense of pain. Along with this sentiment, there is the belief that old people are less sensitive to the effects of pain. In fact even if tools to assess pain in the elderly are the same as in any other adult patient, they are impractical in acute delirium or of minimal value in patients with dementia or cognitive dysfunction.

However it's important to assess pain after surgery using Visual Analog Pain Scale (VAS), because in cooperative patients it is a sensitive test, correlates well with verbal pain score, and should be recorded on each visit to assess the severity of pain and titrate drugs on patient's response. In patients who are demented and cognitively challenged, physical cues like moaning, grimacing, restlessness, and agitation may represent pain behaviour.

Many of the physiological changes that occurs in elderly, have a significant impact on pharmacokinetic and pharmacodynamic of analgesic medications. In fact geriatric patients are much more prone to side-effects and drug dosages should be reduced in this population.

Pain medications should be used in stepwise approach as recommended by World Health Organization (WHO). NSAIDs and non-opioid analgesics are recommended as first-line medications in minor surgery. If the pain persists or increases, opioids can be added to manage mild-to-moderate pain. Stronger opioids are recommended for moderate to severe pain and also as part of a multimodal therapy after major spine surgery. Adjuvant medications (anti-depressants, anti-psychotics, and anticonvulsants) which help modulate pain can be added at each step to complement therapy.

Furthermore corticosteroids, local anesthetics, and muscle relaxants can also be used for short period after surgery to complement pain management.