

Analgesia

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The type and extent of analgesic requirement will depend on both the patient and procedural factors. Prior experience of opiate analgesia may increase patient tolerance to similar agents, necessitating larger doses. There is also evidence to suggest that those patients struggling with chronic pain preoperatively often present a more complex postoperative analgesic problem. The extent and region of surgery will also dictate the analgesic regimen. For example, even minimal access thoracic surgical procedures commonly require patient-controlled opiate analgesia with or without local nerve blockade (intercostal or paravertebral) in the initial 48 hours after surgery. This may be avoided for some abdominal surgery by careful use of non-steroidal agents and paracetamol. Opiate analgesics cause nausea, impair gut motility and should be avoided unless the pain is very severe. When pain is disproportionate to the presenting problem, suspect a complication (see also Chapter 23). Analgesia

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