

NON-PHARMACOLOGICAL PAIN RELIEF METHODS FOR SURGICAL PATIENTS

DOI: 10.5327/Z1414-4425201800030001

Inadequate postoperative pain relief can result in clinical and psychological changes that increase morbidity, mortality, and treatment costs; decrease postoperative life quality; and indicate poor quality of care¹.

Non-pharmacological pain control therapies belong to the Complementary and Integrative Health Therapies field. Although they have been gaining space in the Brazilian public health system (*Sistema Único de Saúde* – SUS) and private health insurances, Nursing hardly uses these therapies. This situation is partly due to lack of knowledge about which interventions are more effective for pain control, part due to lack of training for nurses in this area, in addition to difficulty in acceptance, culture of organizations, or insufficient evidence. Despite the fact that in the past twenty years the idea of pain control as the 5th Vital Sign has been emphasized, postoperative pain remains underdetected and undertreated in many services. Besides, implementing multidisciplinary programs for pain management is still a challenge^{2,3}. In these cases, nurses must urge the medical staff to prescribe adequate pharmacological analgesia (strong recommendation, high-quality evidence)⁴ for patients, exercise their autonomy of care, and adopt non-pharmacological pain control therapies in surgical units.

For decades, many studies have demonstrated that behavioral methods are effective in decreasing postoperative pain and other symptoms, such as anxiety, and can be taught to patients as a way of self-care since their commitment is important for a satisfactory result.

The American Pain Society, together with the American Society of Anesthesiologists, created an interdisciplinary panel of experts who developed a clinical practice guideline based on an extensive review of evidence that includes non-pharmacological methods. It has 32 recommendations ranging from perioperative planning, patient evaluation, and organizational structure and policies to the transition and education of patients after discharge⁴.

The first recommendation concerns the education of patients, relatives, or caregivers (strong recommendation, low-quality evidence) in the preoperative period, and helps

patients decide which treatments to have in the postoperative period. Educational interventions can be face-to-face, through printed materials, videos, and digital information, including supervised exercises. However, the evidence does not indicate which measures are more effective.

The panel recommends multimodal analgesia, defined as the use of several analgesics and techniques with different mechanisms of action in the central and/or peripheral nervous system that must be combined with non-pharmacological interventions (strong recommendation, high-quality evidence). The use of transcutaneous electrical nerve stimulation is also suggested (weak recommendation, moderate-quality evidence). There is no recommendation for acupuncture, massage, and use of cold or heat (insufficient evidence), but these practices are not discouraged either, even though they are generally considered safe interventions.

The guideline also indicates cognitive-behavioral interventions, including guided imagery, music, and relaxation techniques (weak recommendation, moderate-quality evidence) as they show some positive analgesic benefits, are non-invasive, and practically free of risks (caution only with patients with a history of psychosis), and underlines the need to train these techniques in the preoperative period for an effective result⁴. More recently, there have been discussions about the use of virtual reality for pain relief⁵.

Non-pharmacological interventions are adjuvant to pharmacological treatment and should be discussed with patients and family members as part of perioperative care planning. It is also important to have an organizational structure that allows the development and refining of policies and procedures for postoperative pain control⁴. Nurses are fundamental in promoting evidence-based practice, implementation of these recommendations, and scientific development of pain relief for surgical patients.

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