

# Optimize Results of Surgery by Minimizing Pain

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Over my sixteen years of practice, patient care has improved dramatically, thanks to the improvements in pain management. By utilizing multi-modal therapy aimed at different pain centers, pain is reduced. The patient who has minimal pain has fewer complications, is less nauseated, and is able to return to normal function earlier.

A patient who is pain-free or nearly pain-free is able to get up and around much sooner. Early walking is a key to preventing blood clots. By focusing on minimizing pain the patient is more likely to be more active following surgery.

Pain is also a significant cause of nausea. Then, as the nausea builds and you get sick, this leads to more pain. Multimodal treatment of pain also allows you to break the pain-nausea cycle, and limit the use of some of the medications that cause nausea in patients.

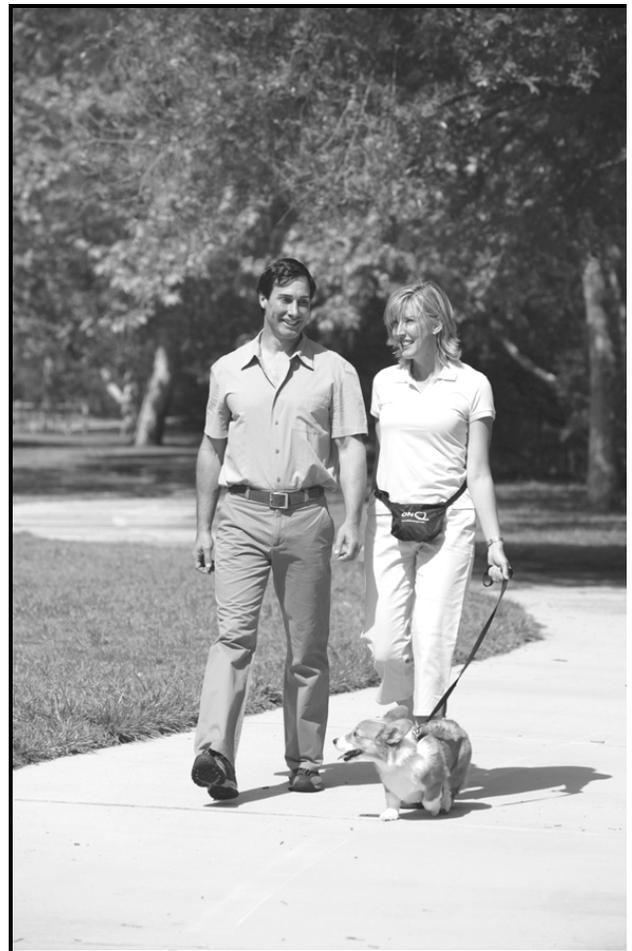
In this current economy, minimizing down-time plays a significant role in patients choosing to have their elective surgery. They don't need to miss as much work and can return to their shared responsibilities at home. It also helps those reconstruction patients return to light duties earlier as well.

Combining oral medications along with infusion of local anesthetics is very effective in reducing pain in breast surgery and body-contouring patients, including tummy tucks. An anti-inflammatory medication is given several hours before surgery with a sip of water. Local anesthesia is injected while the patient is asleep. The most dramatic reduction in pain comes from the use of a pain pump that patients receive while they are asleep.

The pain pump drips local anesthetic directly into the area of surgery without the patient having to do anything. There are no buttons or clamps or keys to adjust.

A non-narcotic, it doesn't cause nausea or difficulties with breathing. The pain inhibiting effect stops hours after the fluid is gone, 3-4 days after the surgery.

*(Continued on back)*



*The pain ball is worn inside a fanny pack around the woman's waist, with the flow regulator, taped to the skin, using body heat to increase or decrease the amount of pain medication.*

This regimen works extremely well. Even bilateral breast reconstruction patients go home the morning after surgery because they have such excellent pain control. Most patients find that they can move around and do things around the house with no pain at all. However, this can sometimes mislead a patient who will try to do too much right after surgery. Following your post-operative instructions is vital.

Make sure to get the specifics from your surgeon about how your pain will be treated, if not eliminated. Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the accrediting body for all hospitals and many outpatient centers in the United States, has included the requirement that pain must be monitored in hospital patients, as it is the fifth vital sign. Your surgeon should make pain control a priority for you, too.

*For more information you may contact Dr. Jeffrey Poulter at (309) 663-1222 in Bloomington, (309) 692-6869 in Peoria, or call toll-free (888) 841-4108. Or email your questions to [info@bodycontouringexperts.com](mailto:info@bodycontouringexperts.com). Visit [www.bodycontouringexperts.com](http://www.bodycontouringexperts.com) for additional information, before and after photos and videos of various procedures.*

#### **Resources for this article include:**

Laurie A Casas, M.D., Mark L. Jewell, M.D., "Non-narcotic Acute Pain Relief After Ambulatory Aesthetic Surgery," *Aesthetic Surgery Journal*, Sept 2002; 22 (5), 493-494

Peter T Pacik, M.D., "Pain Control in Augmentation Mammoplasty: Safety and Efficacy of Indwelling Catheters in 644 Consecutive Patients," *Aesthetic Surgery Journal*, May 2008; 28 (3): 279-284

AA Weinbroum, VRudick, "The Role of Dextromethorphan in Pain Control," *Canadian Journal of Anaesthesia* 2000; 47:585-96

On-Q Painbuster® Postoperative Pain Relief System, [www.iflo.com](http://www.iflo.com)

## **How Does a Pain Ball Work?**

Made of rubber like a balloon, the pain ball can be worn around your neck or in a fanny pack around your waist. The flow regulator, taped to the skin, uses body heat to increase or decrease flow of the pain medication through a tiny catheter which can be removed at home painlessly. A constant stream of local anesthetic from inside the ball keeps the surgical area numb for three to four days while the patient recuperates. This pain management method reduces the need for narcotics which can increase nausea.

