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Effect of postoperative analgesia on energy metabolism and role of cyclooxygenase-2 inhibitors for postoperative pain management after abdominal surgery in adults

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Objectives: It is questionable whether the stress response to surgery is necessary. The objective of this study was to evaluate the effectiveness of postoperative analgesia on energy metabolism and compare cyclooxygenase-2 selective inhibitor with tramadol in postoperative pain management after major abdominal surgery.

Methods: A total of 112 patients undergoing major abdominal surgery were randomly assigned to one of the 4 treatment groups before surgery. Then, patients were scheduled to receive different analgesic drugs after surgery: group parecoxib/control received intravenous parecoxib (40 mg bid) for 3 days; group parecoxib/celecoxib received intravenous parecoxib (40 mg bid) for 3 days and continued oral celecoxib (0.2 mg bid) for 4 days; group tramadol/control received intravenous tramadol (0.1 g tid) for 3 days; and group tramadol/tramadol received intravenous tramadol (0.1 g tid) for 3 days and continued oral tramadol (0.1 g tid) for 4 days.

Results: Group tramadol/tramadol showed much lower rest energy expenditure 1 week after surgery ($P<0.05$). The measured rest energy expenditure was significantly lower in patients treated with analgesic drugs administered from day 4 to 7 after surgery relative to control group ($P<0.01$). From the fourth day after surgery, groups parecoxib/celecoxib and tramadol/tramadol showed significantly lower pain intensity ratings compared with groups parecoxib/control and tramadol/control during leg raising ($P<0.05$).

Conclusions: These results confirm that sufficient postoperative analgesia may be efficient to reduce some of the stress responses to operative trauma. In addition, intravenous parecoxib (40 mg bid) followed by oral celecoxib (0.2 g bid) is as effective as intravenous tramadol (0.1 g tid) with continued oral tramadol (0.1 g tid) after major abdominal surgery.

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Nociceptive pain in spinal cord injury

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Pain in spinal cord injury (SCI) is one of the most disturbing complaints after injury. Different taxonomies are used to classify pain in SCI. The International Spinal Cord Injury Pain Classification (ISCIP) has been adopted and published on 2012. Pain in SCI was divided into 4 subgroups including nociceptive, neuropathic, other and unknown pain according to this classification. Although the neuropathic pain seems to be the most frequent type of pain in SCI, the distinction between the neuropathic and nociceptive is crucial due to the different treatment approaches. According to the ISCIP, nociceptive pain includes musculoskeletal, visceral and other nociceptive pain categories. The nociceptive pain can often be managed as in the healthy population by classical physiatric approaches (ex. musculoskeletal pain) or other medical interventions (ex. visceral pain, acute abdomen). However, the major barrier to make prompt and accurate diagnosis of nociceptive pain in SCI is generally the loss of sensation below the injury level basically with complete injuries. This topic would be discussed with rare case presentations under recent literature review according to the different localization of nociceptive pain (above injury level, at level, below level).

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