

CLINICAL PRACTICE GUIDELINE – QUICK REFERENCE GUIDE¹

Preventing and managing postoperative pain after oral surgery

Scope

To improve management of postoperative pain after oral surgery for inpatients and outpatients (excluding analgesia with 50/50 nitrous oxide/oxygen and surgery performed under general anaesthesia).

Key messages

- 1. Look for** factors predicting pain intensity and duration
- 2. Treat systematically** and for a sufficiently long period, with 24-hour cover
- 3. Follow up** the patient and adjust analgesic therapy
- 4. State when drugs should be taken** on the prescription (intake governed by drug pharmacokinetics and not by onset of pain)

Three actions

1. Preoperative → Anticipate

- Identify factors predicting pain intensity in order to decide:
 - type of initial treatment (see Management table)
 - duration of treatment
- Anticipate onset of pain by early prescription of analgesics, taking account of speed of onset of action
- Don't prolong nerve block (anaesthesia) unless really necessary

2. Immediate postoperative → Manage

- Treat before onset of pain
- Cover the whole 24-hour period
- State on the prescription how treatment is to be adjusted

3. Delayed postoperative → Follow-up and adjust

- Ensure telephone follow-up on D +1
- Have the patient quantify their pain on a scale (VAS, VRS or NS)²
- Adjust treatment in steps

¹ For full guidelines (in English) and supporting scientific evidence (in French), see *Prévention et traitement de la douleur postopératoire en chirurgie buccale* (November 2005) - www.has-sante.fr

² VAS: visual analogue scale; VRS: simple verbal rating scale; NS: numerical scale

Risk factors affecting pain severity

Procedure-related	Patient-related	Case of neuropathic pain
Difficulty of surgery Duration of surgery Surgeon's level of experience	Preoperative pain Poor mouth hygiene Smoking Anxiety Depression Negative social factors	Anatomical factors (depth of root, lingual inclination of the tooth) Site (territory of the inferior alveolar nerve, after removal of the mandibular third molar, implant placement or anaesthesia (local infiltration or regional block)) Surgical technique (duration of surgery, removal of distal bone and raising of a lingual flap, vertical division of a tooth, use of rotary instruments rather than bone chisels) Surgeon's level of experience Preoperative pain

Management

Pain	Treatment	Details
Mild	<ul style="list-style-type: none"> Paracetamol 	4 g/day
Moderate to intense	<ul style="list-style-type: none"> Oral NSAID (propionic acid derivatives, fenamates) Tramadol Codeine + paracetamol Tramadol + paracetamol 	Limit to 72 hr 50-100 mg / 4-6 hr 60 mg codeine + 1 g paracetamol / 6 hr T: 50-100 mg / 4-6 hr P: 1g / 6 hr
Persistent pain not responding to above analgesics	<ul style="list-style-type: none"> NSAID + paracetamol, with codeine or tramadol Strong opioid 	Adjust duration (NSAID < 72 hr) Look for complications causing persistence of pain
Neuropathic	<ul style="list-style-type: none"> Analgesic (except NSAID) + corticosteroids 	

NSAID: nonsteroidal anti-inflammatory drugs

Accompanying measures

- explain side effects
- note on the prescription when drugs should be taken and how to adjust dose
- provide psychological support and follow-up (information, telephone call)

Dihydrocodeine is not recommended (no evidence of benefit in this indication)