

## INTRODUCTION

Historically, the treatment of postoperative pain has been given a low priority by surgeons and anesthesiologists. As a result, patients previously accepted pain as an avoidable part of the postoperative experience. With the development of an expanding awareness of the epidemiology and pathophysiology of pain, more attention is being focused on the management of pain in an effort to improve quality of care and decrease postoperative morbidity and mortality (**Barash et al., 2001**).

Pain, a common presenting feature of many disease processes, is usually associated with actual or impending tissue damage. Acute pain in perioperative setting is defined, as pain which is present in a surgical patient because of pre-existing disease, surgical procedure or a combination of these. Pain is an unpleasant and inevitable component of the post-surgical experience. An individual who undergoes surgery would probably consider it his right to obtain adequate relief of postoperative pain. Patients, however, continue to silently suffer postoperative pain because of lack of a concerted effort on the part of the anesthesiologist and surgeon to relieve this pain (**Venkateswaran and Prasad, 2006**).

Postoperative pain relief is mandatory as it allows rapid and easy manipulation, reduces hospital stay and morbidity.

Assessment of each medication given alone and management of postoperative pain is a topic that has received a great deal of attention. Failure to provide good postoperative analgesia is multifactorial. Insufficient

education, fear of complications associated with analgesic drugs and poor pain assessment are among its causes (**Guindon et al., 2007**).

A multimodal approach using different drugs and techniques can reach the highest benefit in reducing postoperative pain and reduce the side effects (**Feldt, 2007**).

## **Aim of the work**

This essay has been suggested to review all literature about postoperative pain management following different types of special procedures