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THE SURGEON AND THE CL-PSYCHIATRIST: TOGETHER IN PAIN MANAGEMENT

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Background: Since 2001 it has been shown that successful pain therapy by consultations of the classical type cannot be provided in somatic medical disciplines.

Aim: The aim of the study is to work in liaison mode and to elucidate specific qualitative and quantitative aspects.

Methodology: For anesthesiologists, basic guidelines of pain therapy were provided in an SOP (Standard Operating Procedures) available at each time. On the side of general and abdominal surgery, anesthesiologists were allowed to prescribe medication in parallel to the surgeons.

Results: This approach achieved: 1. the pain therapists (anesthesiologists responsible for pain therapy)- took care for the surgical patients longer in average than before; accept responsibility for the consequences of their therapeutic recommendations. 2. patients did not receive unrealistic recommendations. 3. advices were implemented 1:1. 4. the working group consisting of surgeons and pain therapists (Dept.

of Anesthesiology) can devolve experiences obtained during the last years to the other surgeons.

Conclusions: The algorithms may serve to achieve that i) as a 1st step, pain therapy is reliable and can be used in each individual case, ii) as 2nd step, surgeons are better qualified, in particular, on an individual base, to provide/prescribe appropriate pain therapy (with more than only prescribing metamizole and/or piritramide, iii) as 3rd step (in the near future), the general pain niveau on wards of general and abdominal surgery is reduced to a minimum, and iv) as 4th step, consultations by pain therapists should be reduced with no disadvantage for the efficacy of pain therapy.

Biography

Dr. Brinkers has completed his MD at the university of Bonn. His postdoctoral studies are based on the habilitation thesis about the influence of CL on pain therapy. He is now senior house officer at the pain clinic of the university Magdeburg.

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