

Mouton W, Bessell J, Otten K, and Madern G. Pain after laparoscopy. Surg Endosc 1999;13:445-8.

LINK - <https://www.ncbi.nlm.nih.gov/pubmed/10227938>

Abstract

BACKGROUND:

In the context of the much-heralded advantages of laparoscopic surgery, it can be easy to overlook post laparoscopy pain as a serious problem, yet as many as 80% of patients will require opioid analgesia. It generally is accepted that pain after laparoscopy is multifactorial, and the surgeon is in a unique position to influence many of the putative causes by relatively minor changes in technique.

METHODS:

This article reviews the relevant literature concerning the topic of pain after laparoscopy.

RESULTS:

The following factors, in varying degrees, have been implicated in post laparoscopy pain: distension-induced neuropraxia of the phrenic nerves, acid intraperitoneal milieu during the operation, residual intra-abdominal gas after laparoscopy, humidity of the insufflated gas, volume of the insufflated gas, wound size, presence of drains, anaesthetic drugs and their post operation effects, and sociocultural and individual factors.

CONCLUSIONS:

On the basis of the factors implicated in post laparoscopy pain, the following recommendations can be made in an attempt to reduce such pain: emphatically consider each patients' unique sociocultural and individual pain experience; inject port sites with local anaesthesia at the start of the operation; keep intra-abdominal pressure during pneumoperitoneum below 15 mmHg, avoiding pressure peaks and prolonged insufflation; use humidified gas at body temperature if available; use nonsteroidal anti-inflammatory drugs at the time of induction; attempt to evacuate all intraperitoneal gas at the end of the operation; and use drains only when required, rather than as a routine.