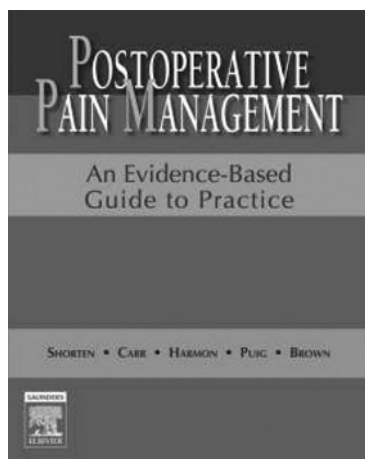


Resource review

Shorten G, Carr D, Harmon D, *et al.*
Postoperative pain management: an evidence-based guide to practice.
 Philadelphia: Saunders, 2006.



Postoperative pain management: an evidence-based guide to practice can be obtained from www.elsevier.com for £57.99.

This 291 page book aims to enable readers to decide if current practices are evidence-based or not in an accessible form with a companion CD Rom with self assessment exercises. It is aimed at practitioners including anaesthetists, surgeons, and nurses. It claims to be suitable for both trainees and practitioners.

The volume contains 26 chapters contributed by 40 authors, many of whom are well known in the “pain world.” The first 3 chapters offer background in evidence-based practice, and the remainder deal with

- scientific basis of pain and analgesia (6 chapters), covering physiological responses to surgery, mechanisms of nociceptive and neuropathic pain, genetics and genomics, patient outcomes, and opioid induced hyperalgesia.
- management of postoperative pain (11 chapters), containing objectives and management of pain services, clinical pharmacology for a range of analgesics, regional and peripheral interventions, and unconventional methods.
- management in specific clinical settings (eg, elderly, children, and obstetrics) (6 chapters).
- also a chapter on pain management in drug dependent and prevention of chronic pain after surgery.

There is some duplication and overlap in the chapters on evidence-based medicine; for example, each presents a different version of grading or assessing a hierarchy of evidence. I could find only occasional explicit use of these hierarchies in the main text.

The styles across the chapters are quite varied and perhaps could have benefited from a tighter editorial process. Some chapters give details of search strategies, but this seems to be an exception rather than a general underpinning principle. A few chapters are explicitly evidence-based: for example, the chapter on regional and peripheral techniques poses the question “Is there evidence to recommend.....?” and then discusses those interventions. Even this chapter does not give hints as to the search strategy used, databases searched, or dates of searching, so the reader is left having to trust the contents (or not). Much data are presented without underpinning evidence; an example is a table of equianalgesic doses of opioids. This is a difficult area to call with much conflicting evidence. The chapter on neuropathic pain has a table on treatments that would benefit from information on supporting evidence and levels of evidence.

There are many citations for each chapter; one chapter had over 270 but many references don’t make an evidence base.

So is it useful?

There is much that is praiseworthy in the volume. The chapters on mechanisms are generally well presented and give a good overview. The chapter on assessment of pain should be helpful to any planning to assess analgesia in trials, and there is useful wisdom on acute pain services.

Was the book clinically useful? In general “yes,” but specific questions often remained unanswered for me; that said, I would look elsewhere first for more detailed information on indication and dose. The book is easy to use, and generally answers were accessible. The index works well. I suspect its greatest value will be for those who are just getting into pain management—undertaking anaesthesia or surgical specialties—and also for medical students.

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RATINGS:

Methods ★★☆☆☆

Clinical usefulness ★★★★★