“An understanding of patient attitudes and concerns about postoperative pain is important for identifying ways health care professionals can improve postoperative care.”

Innumerable variables impacting perioperative pain exist: opioid tolerance, previous experience, comorbidities, age, gender, type of surgery, type of anesthetic, etc. This variety of influences makes a patient's perioperative pain experience unpredictable. Further, conflicting resources (internet, friends, past experience) may inappropriately or incorrectly prepare the patient. Unrealistic expectations set the stage for dissatisfaction. Setting reasonable expectations, therefore, is crucial to optimizing a patient’s course.

Multidisciplinary literature demonstrates that patient expectation is tethered to outcome. Though no standard definition or measure of patient expectation exists, the literature suggests that practitioners can and should take steps to maximize the benefit of patient expectations. Cornerstones of setting patients’ perioperative pain expectations include:

1) **It is likely not possible, or safe, to reduce the patient’s postoperative pain score below his or her baseline** – Even if the surgery aims to improve the patient’s chronic pain, there will be an acute component postoperatively. The patient needs to be aware, prior to surgery, that a degree of discomfort is expected after the surgery.

2) **Limiting the preoperative opioid regimen is in the patient’s best interest** – This may be difficult to convey to patients that are dependent on opioids; limiting pre-op opioids leaves more room for safe escalation of these medications following the surgical insult.

3) **Patients should be open to opioid adjuncts in the perioperative period** – The perioperative team may suggest procedures (epidurals, nerve blocks) or medications (gabapentin, ketamine, Tylenol, etc) with which the patient may not be familiar. It should be reinforced that such measures are in the patient’s best interest and should be considered with an open mind.

4) **Pain control expectations, patient participation and surgical outcome** – Poor communication and pain treatment after surgery can impair function, ADL participation/ambulation, physiologic function (circulation, respiration, GI function, etc.), psychological well-being and quality of life. Two-way communication between patients and providers is essential. Further, patients must own an active role in their recovery, working through expected pain, to optimize outcome.
5) **The goal of pain control is to restore function** – A principle of chronic pain management is functional restoration. This should also be a perioperative goal for patients on high-dose opioids. Providers will work with patients to establish a safe level of pain relief, allowing patients to meaningfully participate in recovery activities (incentive spirometry, physical therapy).

6) **Expectations and pain management should not end at hospital discharge** – Recovery from surgery takes weeks to months; patients will likely experience increased pain during this period. Depending on the goal and outcome of the surgery, the patient’s baseline pain may be altered. Surgery is not an “easy fix,” it takes dedication and hard work on the part of both patients and primary providers.

Keeping these principles in mind, patient education is both a responsibility and an opportunity to improve a patient’s perioperative experience. The provider must strive to learn what the patient expects, then help shape those expectations to be congruent with a realistic goal.

Effective education is more than just information transfer; empathy, concern, understanding, patience, an emotional connection and even provider body language galvanize education and patient expectations. Sensitivity to a patient’s prior experiences and cultural beliefs is equally important.

**Investing time and effort in expectation setting prior to surgery will not only improve the patient’s experience, but also may save time and resources after surgery.**

As we strive to promote patient and family-centered care, the perioperative team at the University of Michigan depends on every patient encounter and every level of provider to reinforce reasonable expectations for perioperative pain. Your time and efforts are important and appreciated.

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