

Checklist Transitional Pain Service (TPS)

Multidisciplinary meeting (preoperative)

Patient data

Patient number	
Type of surgery	
Date of preoperative screening	
Date of surgery	
Date of Multidisciplinary Team Meeting TPS	

Pre-existent pain medication

Intraoperative phase

Anesthetic

General

Local

Multimodal pain management

Intravenous medication

Regional techniques

Local techniques

Postoperative phase

Pharmacological pain management, algorithm 1

Non-pharmacological

If necessary, referral to psychologist, social worker or physiotherapist

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Additional information about this patient/treatment

Checkboxes:

- After the multidisciplinary meeting one of the members of the TPS group will call the patient and explain the intraoperative multimodal pain treatment (informed consent and psychoeducation)
- One of the members sends the information folder towards the address

Checklist postoperative period

APS or CPS

- Is there adequate pain control?

*If not, supervision about treatment by TPS anesthetist**

- Cease medication that is deemed unnecessary (taper opioids)
- Give adequate education about the individual multimodal pain management plan and the process of weaning from opioids

TPS member

- Contact surgeon; propose and discuss discharge pain medication, *algorithm 2*
- Discusses post discharge medication with the patient
- Contact general practitioner; inform about the study

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Checklist post-discharge period

After discharge, follow up occurs:

- After three months and after six months for every patient, or extra;

For a patient that is not completely weaned of pain medication or still experiences pain in the surgical area (until adequate pain control is achieved and medication is weaned of):

- For the first two months: every two weeks
- For the last four months: every four weeks

* The definition of follow-up is a telephone call or an appointment at the outpatient clinic.

TPS member

	Pain in surgical area	Use of pain medication	Opioids and dose in MME?	Other pain med?	Switch? Tapering? Referral?	Healthcare consumption?
15 th day						
30 th day						
45 th day						
60 th day						
90 th day						
120 th day						
150 th day						
180 th day						

- At day 90th day remember patient of questionnaires
- At 180th day remember patient of questionnaires
- If CPSP developed after six months > referral to chronic pain specialist

Additional information about this patient/treatment

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Appendix

Algorithm 1: pharmacological multimodal postoperative pain management

1. Paracetamol + NSAID (preferably metamizole)
2. Regional analgesia (epidural or peripheral nerve block)
3. Continuous Wound infiltration or Continuous surgical site analgesia
4. Adjuvants
 - a. NMDA antagonist (S-ketamine)
 - b. Alfa2 agonist (clonidine)
5. Opioids
 - a. Oral administered
 - b. Transdermal, nasal, sublingual
 - c. Patient controlled analgesia (PCA) infusion pump (morphine, buprenorphine, piritramide).

Algorithm 2: Out of hospital pharmacological pain management

1. Paracetamol + NSAID
2. Medication for neuropathic pain
 - a. Anticonvulsants (pregabalin)
 - b. Tricyclic antidepressant (amitriptyline)
3. Tapering opioids
4. Opioid substitute therapy
 - a. Methadone
 - b. Buprenorphine