## Management of Postoperative Acute (Moderate to Severe) Pain in Cancer Patients - A Review of the Latest Evidence

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## **Methods**

Databases: Ovid MEDLINE, Embase, Cochrane Library (2020–Nov 16,

Inclusion: Adults (18+) undergoing cancer-related procedures

• Secondary: Pain scores (≤48h post-op), opioid/rescue medication use See PRISMA flow diagram (Figure 1) for screening details

Results			
ated P	<b>rocedures in</b> 75	Surgery Type	Some Interventions Used
	<ul> <li>Breast</li> <li>Thoracic</li> </ul>	Breast	Pectoral Nerve Blocks (PECS), Erector Spinae Plane Blocks (ESPB), Serratus Anterior Plane Blocks (SAPB)
44%	Colorectal/ Rectal	Thoracic	Intrathecal Morphine, ESPB
	<ul> <li>Gynecologic</li> <li>Gastric/Gastrointestinal</li> </ul>	Colorectal/ Rectal	Transversus Abdominis Plane Blocks (TAPB), Multimodal Analgesia
	Hepatic	Gynecologic	Bupivacaine, TAPB
	Mixed Cancers	Gastric/Gastrointestinal	TAPB, Parecoxib, S-ketamine + Sufentanil
Top 3 c	countries: U.S. (15%)	Hepatic	ESPB, Parecoxib
China	a (15%), Egypt (13%)	Mixed Cancers	Varied interventions

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## Conclusion

- Various strategies are
- demonstrated to improve acute pain due to cancer-related
- procedures.
- Limitations: Evidence gaps in less common cancers and procedures
- Future research: Long-term follow-up needed to assess
- lasting effects on recovery



