With many thanks to the NZHPA for their financial support, I have recently returned from PAINWeek, a conference focused on pain management held in Las Vegas every year. The theme this year was "connecting education to application," and aligns with my PhD research on developing an education strategy to empower postoperative patients to optimise their analgesic use, particularly post-discharge; prioritising patient-centred outcomes whilst still meeting opioid stewardship obligations.

Recent NZ-based research has observed the significant risk of persistent opioid use following surgery, highlighting the need to minimise inappropriate prescribing that can lead to opioid-related harm.¹ It is important that this is balanced with individual patient needs to ensure their pain is appropriately managed. Poorly managed acute pain is one of the most important risks for the development of chronic pain.^{2,3}

The conference provided an incredible opportunity to engage with experts in my field. Two presentations were particularly notable. The first described a hospital-based Transitional Pain Service, where the program engages patients early in their perioperative journey and provides ongoing support following discharge. This program has reduced persistent opioid prescribing for opioid-naïve patients to zero whilst maintaining patient satisfaction. The second presentation explored opioid stewardship, highlighting the risk of focusing solely on reducing opioid use and the importance of ensuring appropriate pain management using a holistic approach. I was thrilled to get the chance to talk to each of the presenters; even more so when they agreed to help provide advice and support for my research, based on their own experiences. Networking with other conference attendees to share research ideas was another highlight. Attendance at this conference has had a huge impact on my PhD and I am incredibly grateful to NZHPA for their financial support.

If you're interested to read more about my PhD research, you can find my abstract accepted at PAINWeek here. I have also recently published a scoping review on education interventions previously trialled, highlighting their limited focus on patient-centred outcomes here. The next stage of my PhD is to engage healthcare providers in a Delphi study to understand what is considered important for inclusion in an analgesic education intervention. It would be incredible to have your involvement, and you can register your interest to take part here.

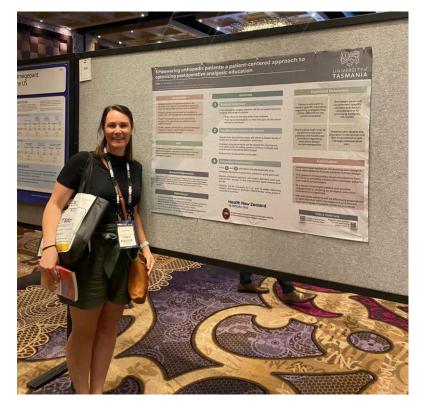












References:

- 1. Gong J, Jones P, Beyene K, Frampton C, Chan AHY. Outcomes Related to New Persistent Opioid Use after Surgery or Trauma: A population-based Cohort Study. Ann Surg. 2024 Aug 27. doi: 10.1097/SLA.000000000006509. Epub ahead of print. PMID: 39189124.
- 2. Veal FC, Bereznicki LRE, Thompson AJ, Peterson GM, Orlikowski C. Subacute Pain as a Predictor of Long-Term Pain Following Orthopedic Surgery: An Australian Prospective 12 Month Observational Cohort Study. Medicine (Baltimore). 2015 Sep;94(36):1. doi: 10.1097/MD.0000000000001498.
- 3. Niraj G, Rowbotham DJ. Persistent postoperative pain: where are we now? Br J Anaesth. 2011 Jul;107(1):25-9. doi: 10.1093/bja/aer116. Epub 2011 May 24. PMID: 21610014.