



## Preface

# Preface to the Updated strategies of the Mexican Pain Out Network for Postoperative Pain Management

## *Prefacio a las estrategias actualizadas de la Red Mexicana Pain Out para el Manejo del Dolor Postoperatorio*

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Welcome to this special issue of the Mexican Journal of Anesthesiology. The materials here were prepared on the basis of work carried out by Dra. Ana Garduño, Dr. Victor Acosta and Principal Investigators from 10 hospitals throughout Mexico, in collaboration with PAIN OUT. PAIN OUT is an international perioperative pain registry and research network offering clinicians tools for quality improvement ([www.pain-out.eu](http://www.pain-out.eu)). The goal of this collaboration, which began in 2016, is to work towards improving management of perioperative pain in patients undergoing surgery in Mexico. To accomplish this, the group, or «network», has been using two major approaches for quality

improvement. The first is carrying out auditing and providing feedback to multi-disciplinary teams caring for surgical patients. The second, relates to capacity-building of knowledge and inter-professional skills by creating teaching materials for healthcare providers and offering information to patients and families.

For auditing and feedback, the group accumulated a large dataset, collected during two phases. In the first phase, between July 2016 and December 2018, 2,848 patients, in 10 hospitals, undergoing mixed surgical procedures, assessed their pain-related outcomes on the first post-operative day. Findings from this study were published under the title of *Towards Better*

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*Perioperative Pain Management in Mexico: A Study in a Network of Hospitals Using Quality Improvement Methods from PAIN OUT*<sup>(1)</sup>. In the second phase, carried out between January 2022 and May 2023, network collaborators assessed patients longitudinally, to characterize pain-related outcomes and neuropathic pain in the sub-acute phase, up to one month after surgery. Over 2,000 patients contributed data, of which data from 1,153 patients will be included in the primary analysis from this trial. These findings are being prepared for publication in an international, peer-reviewed journal. This rich dataset is amenable to further evaluation and creation of knowledge, some of which is presented in the current volume.

For capacity-building of knowledge and inter-professional skills, collaborators in the network created teaching materials. The first supplement of *Revista Mexicana de Anestesiología* included articles addressing different facets of perioperative pain care, based on international guidelines<sup>(2)</sup>. The current supplement includes articles that fall under three categories: literature reviews, original analyses based on data collected using the PAIN OUT methodology and ones which offer opinions and perspectives of the authors. Another activity addressing capacity-building is setting up a website ([www.painoutmexico.com](http://www.painoutmexico.com)) which includes algorithms assisting providers in decision-making strategies of pain-relief for different types of surgery, videos offering guidance for programming patient controlled analgesia pumps or regional ultrasound-guided techniques. It also includes a section of news and announcements about continuing medical education in acute pain, and finally, a section for patient and family education. The Mexican College of Anesthesiology, the National Mexican Academy of Medicine and the Mexican Academy of Surgery supported the work for setting up this website.

Network collaborators offered qualitative evaluations of the years they dedicated to improving care and outcomes. Initially, collaborators were under the impression that if they relied on recommended techniques for care, their patient's outcome would be favorable. For example, following guidelines recommend using regional anesthesia. Yet, auditing of their own patients indicated that this approach was not necessarily sufficient. The outcomes revealed that patients often experienced severe pain and that they lacked information about pain treatment options. ...«we are not trained in managing postoperative pain ...we think that we are prepared but this protocol helped me to understand that *we are not*. *I think that all healthcare providers should be taught about pain management from the time they begin their training*». When local clinical practice protocols were developed and implemented in the different hospitals, surgeons and nurses observed that patient outcomes improved. A collaborator wrote: «Patients appreciate the changes. Those who had surgery in the past and were currently undergoing surgery reported that they discerned differences in pain management». Another wrote: «We realized that *patients*

*undergoing large surgical procedures expect to have post-operative pain. We now teach them to identify severe pain and advise them to discuss this with the nurses and physicians, so that treatment options can be sought after*».

Network collaborators stated repeatedly that quality improvement work is not a task that can be carried out by individuals and that creating multi-disciplinary teams of surgeons, anesthesiologists, and nurses is a prerequisite for this type of work. They also recognize that introducing change is a challenging and lengthy process. At times, individuals from all disciplines, surgeons, anesthesiologists and nurses, expressed opposition to changing practice. Collaborators developed strategies of how to address this. For example, offering additional teaching, or offering to review the care given to specific patients and the outcomes they reported. Lastly, it might be necessary to respect the opposition and hope that it may change with time. These insights reflect that collaborators in the network built expertise in pain management and in quality improvement tailored for use in Mexico. We anticipate that this group will continue leading and moving the baton on quality improvement in pain forward.

The long term aim of quality improvement is that healthcare providers are motivated to change and internalize the new practice(s), that the new way is regarded as «this is how we do things around here»<sup>(3)</sup>. The data collected over the years indicates that practices are changing and are regarded in some hospitals as «this is how we do things around here» to the benefit of patients, their families, the multi-professional teams and the healthcare system in Mexico.

We thank the many dedicated and forward-looking clinicians in the Mexican PAIN OUT Network, led by Dra. Ana Garduño and Dr. Victor Acosta, for their work and commitment.

## REFERENCES

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