

## Laparoscopic Cholecystectomy Pain, Is it a Challenge?

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Laparoscopic cholecystectomy nowadays is the gold standard procedure for cholelithiasis. It has much less pain compared to open traditional procedures with shorter both recovery time and hospital stay. Recovery after laparoscopic cholecystectomy depends upon abdominal pain, shoulder tip pain, nausea, vomiting and fatigue. These side-effects are due to peritoneal stretching and diaphragmatic irritation caused by carbon dioxide gas insufflation.

However, such pain does not resemble other laparoscopic procedures, pain. It is complex in nature and may be significant. It is a combination of three different clinically separate components: incisional pain, visceral pain and shoulder pain. Moreover, the intensity of such pain may predict development of chronic pain (e.g. post-laparoscopic cholecystectomy syndrome).

Laparoscopic cholecystectomy pain management should not be considered as an anesthetist concern and not only related to the postoperative period. The proper management should be started with the plane for the surgical technique. Low pressure pneumoperitoneum must be considered with post-procedure saline lavage and pneumoperitoneum aspiration. Multimodal analgesic techniques including paracetamol, NSAID or cyclooxygenase-2 specific inhibitor and surgical site local anesthetic infiltration are recommended as the preferable line of treatment with the start of paracetamol and NSAID before or during surgery as well as dexamethasone. Opioid should be reserved for rescue analgesia only.

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