

# POSTOPERATIVE PAIN ASSESSMENT AND MANAGEMENT IN RADICAL PROSTATECTOMY: A LITERATURE REVIEW

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## Introduction & Objectives

Radical prostatectomy is considered the gold standard for the surgical management of localized **prostate cancer**. The literature seems to show that the **robotic-assisted radical prostatectomy (RARP)**, although is a procedure with higher surgical times and costs than **retropubic radical prostatectomy (RRP)**, could offer a reduction of **postoperative pain** and complications. The aim of the review is to compare postoperative pain reported in patients undergoing to RRP and patients treated with laparoscopic or robotic-assisted techniques.

## Materials & Methods

An overview was carried out through a research in *PubMed*, *CINAHL* and *Cochrane* databases (limits: english and italian languages; year of publication from 2002). **11 articles** considered appropriate were selected. The research was carried out also in the grey literature.

## Results

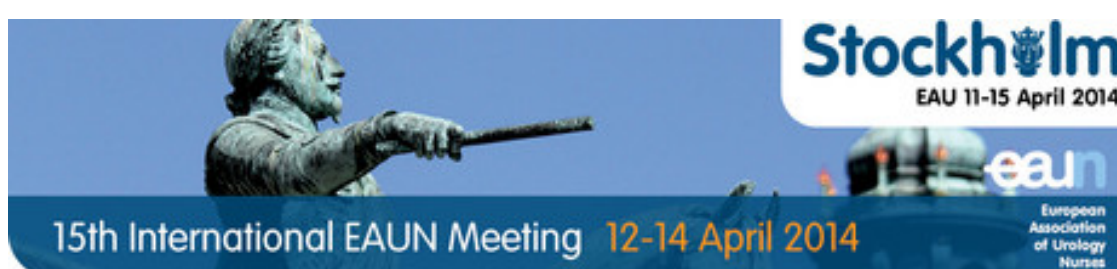
From the studies analysis emerged an unanimous opinion about the lack of stable and comparable criteria for **postoperative pain assessment**: for the pain analysis researchers use different criteria such as numerical or analogic scales (**VAS** or **NRS, Likert score**) or the need of analgesics administration (**Morphine-Sulfate Equivalent units**). A further limitation in the comparability of analyzed cases derives from retrospectivity of most of the studies. It is not defined the limit between the **pain treatment protocol** and criteria for individual **pain management** in patients, as there is no uniformity in the choice of **recording time of reported pain**: some researchers report assessment in the immediate postoperative period, others only in the first postoperative day. In literature, seems that there is not an agreement with the definition of the scores to express postoperative pain, as well as non-uniformity has been achieved in identifying a pain treatment protocol for patients undergoing to laparoscopic-robotic techniques.

## Conclusions

From the **narrative review**, a lack of randomized perspective studies emerges, considering that many analyzed articles are reviews of other researches. No apparent statistically significant differences emerged in relation to postoperative pain related to the surgical technique, although emerges the common tendency to considering RARP related to reduction of pain, need of perioperative care and functional recovery. Nowadays, there's still an open discussion related to these outcomes, in terms of benefits in **perioperative, oncological** and **functional recovery results**, with a consequent impact on the **patients quality of life**. There's the need to perform accurate randomized and controlled perspective studies to compare **nursing-sensitive outcomes** among the different surgical procedures for prostate cancer treatment.

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**Notes** *CINAHL*: Cumulative Index to Nursing and Allied Health Literature; VAS: Visual Analogue Scale; NRS: Numerical Rating Scale.

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