Preface

We must all die. But that I can save him from days of torture, that is what I feel is my great and ever new privilege. Pain is a more terrible lord of mankind than even death itself.

Albert Schweitzer, 1931

This update on the management of pain is designed to build on the information presented in the July 2000 issue of this series. I thank the authors for sharing their experience, scientific contributions, and expertise with us, and for devoting an extensive amount of time in preparing their articles. We are extremely fortunate that these extremely busy and well-sought experts of pain management have contributed to this very practical, yet educational issue. Combined, the current issue and the July 2000 issue on pain management provide a comprehensive library of managing all causes of pain in cats and dogs.

Dr. Lamont’s article, “Multimodal Pain Management in Veterinary Medicine: The Physiologic Basis of Pharmacologic Therapies,” introduces the various pharmaceutical agents available to manage pain at different sites in the nervous system and sets the stage for managing pain of any origin. Her following article on adjuvant analgesics and their mechanism of action presents the “not so commonly used” analgesics that complement the “more commonly used” agents to ensure optimal analgesia in all patients. Dr. Valverde, who I have the pleasure of working with on a daily basis, gives a detailed report on the technique of and the pharmaceutical agents used in epidural anesthesia/analgesia, a method that is essential for managing moderate to severe pain in many situations. To add to the many local blockade techniques presented in the July 2000 issue titled “Management of Pain,” Drs. Lemke and Creighton contribute details on performing the brachial plexus blockade for procedures of the forelimbs.

Dr. Papich, a world-renowned expert in clinical pharmacology, keeps us all well-informed on the latest information through reviews and scientific studies on nonsteroidal anti-inflammatory analgesics, a class of analgesics used extensively in veterinary medicine. Dr. Robertson has dedicated much of her time to the management of pain in cats. She realized that many veterinarians experience apprehension when administering analgesics in this species, and she is determined to prove the safety and efficacy
of various analgesics when used appropriately in cats through scientific study. We are very fortunate to have Dr. Robertson contribute her article titled “Managing Pain in Feline Patients.” Dr. Dyson, a long-time colleague and friend, is a very knowledgeable yet practical anesthetist who has a strong interest in pain management for compromised and healthy patients. Her articles titled “Perioperative Pain Management in Veterinary Patients” and “Analgesia and Chemical Restraint for the Emergent Veterinary Patient” are detailed and applicable for any situation. Dr. Hansen, who is dedicated to managing pain of all causes in critically ill patients, provides a detailed application of continuous local anesthetic infiltration of wounds and a practical delivery of several other analgesics.

To raise awareness of the needs for pain management in pregnant and lactating cats and dogs and their offspring, and patients who may experience neuropathic pain, I have added two articles providing various aspects of clinical presentation, diagnosis, and management. To complete the sections on acute management of pain, Dr. Shaffran has provided us with information on the important role of the technician and nursing staff in caring for our patients. To complete the issue, the final two articles, again written by experts in their field, cover the ongoing chronic care management of animals experiencing pain caused by cancer (Dr. Gaynor) and osteoarthritis (Drs. Johnston, McLaughlin, and Budsberg).

We have learned that nociception activates various pathways to the cortex where pain is perceived. However, along the way, the sensory process delivers signals to various areas in the brain, which activates the adrenergic and endocrine systems, which in turn, have a significant impact on disruption of homeostasis and energy consumption. In addition, limbic structures are activated, resulting in the affective dimension of pain—the associated emotions that are different from the “pain experience.” Together, this “stress” on the individual results in a great expenditure of biological resources and associated homeostatic dysfunction. When the biological cost of stress is sufficient to divert biological resources away from functions that are critical to the animal’s well-being, stress then becomes “distress.” During distress, the stress-induced changes in biological function are sufficient to place the animal in an immunocompromised state and make it vulnerable to secondary infection, reduced wound healing, and potential multiple organ dysfunction. The animal will remain “distressed” until the stressors (pain, uncomfortable environment, excessive noise, inappropriate handling, and lack of good nursing care and nourishment) are eliminated, and the biological resources expended during the stress response are replenished sufficiently to the pre-stressed condition. I hope the contents of this issue will provide the practitioner with the tools to eliminate the stress and distress associated with the emotional and actual experience associated with pain.

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