

analgesia treatment options be discussed with patients as a means of engaging patients and implementing shared decision making.¹⁶ These recommendations are based on several lines of reasoning. First, a discussion of risks and benefits of available analgesia medications is prerequisite to informing patients and implementing shared decision making.⁸⁵ Prior research in other areas of health care showed that patients included in shared decision making with their clinicians experience more engagement, empowerment, and satisfaction.⁸⁵ Decision aids, which are designed to effectively explain risks and benefits of treatment choices, have been shown to increase patients' knowledge and involvement in their care and also improve understanding of outcomes without adversely affecting outcomes or patient satisfaction.⁸⁶ Specific to analgesia, one study showed that decision aids presented to women in the antepartum period for analgesic treatment options for child birth during labor improved knowledge about analgesics without increasing anxiety.⁸⁷ At present, however, it remains uncertain whether shared decision making or tools implementing shared decision making consistently improve outcomes, adherence to treatments, or cost-effectiveness of treatments.

It is recommended that clinicians inform patients of the benefits and risks of postoperative analgesic treatment options, including nonopioids and opioids as well as any nonpharmacologic interventions, based on a preponderance of benefits over harms. Discussing the benefits and risks of analgesic treatment options is an important aspect of engaging patients and implementing shared decision making that does not adversely affect outcomes but, in contrast, may lead to greater knowledge, empowerment, and satisfaction by patients. An option grid has been provided as a tool for implementing shared decision making regarding nonopioid and opioid medications (**Table 10**), based in part on the severity of patient-perceived pain (**Table 11**). Nonpharmacologic options exist in many forms—including ice/heat, acupuncture, massage, aromatherapy—but with less available data regarding benefits and risks; these options may be discussed on a case-by-case basis.

STATEMENT 5. MULTIMODAL THERAPY: Clinicians should develop a multimodal treatment plan for managing postoperative pain. *Recommendation based on observational studies with a preponderance of benefit over harms.*

Action Statement Profile: 5

- Quality improvement opportunity: Promote adherence to plan for pain management; establish goals and objectives of the plan (National Quality Strategy Domain: Promoting Effective Prevention/Treatments).
- Aggregate evidence quality: Grade C, based on observational studies.
- Level of confidence in evidence: High.
- Benefits: Establish mutual expectations, encourage proactive thinking for best practice, ensure shared decision making, create template for structured pain

management, coordinate care, reduce ad hoc decisions that could lead to increased opioid use.

- Risk, harm, cost: Conflict between clinician and patient, potential delay or deferral of surgery if patient does not accept plan, costs of alternate therapies (may not be covered by insurance plans).
- Benefit-harm assessment: Preponderance of benefit over harm.
- Value judgments: Articulation of the plan for pain management will promote adherence.
- Intentional vagueness: Factors related to procedures and patients are specified in prior action statements; multimodal treatment plan will include nonpharmacologic interventions, opioids, and nonopioid medications.
- Role of patient preferences: High. Patients will participate in selection of specific components of the analgesic plans.
- Exclusions: None.
- Policy level: Recommendation.
- Differences of opinion: None.

Supporting Text

The purpose of this statement is to aid clinicians in developing an effective multimodal postoperative analgesia plan. A postoperative multimodal strategy has been shown to improve overall postoperative pain, patient satisfaction, and recovery process and decrease the need for, amount of, and/or frequency of opioid use.⁸⁷⁻⁹⁰ Multimodal analgesia is the “use of a variety of analgesic medications and techniques that target different mechanisms of action in the peripheral and/or central nervous system” for management of postoperative pain.¹⁶ A multimodal regimen results in synergistic analgesia, improved pain control, lower total opioid doses, and fewer side effects⁸⁶ (**Table 12**). In addition, nonopioid strategies can provide more effective pain relief than opioids alone.⁹¹ A multimodal analgesia regimen should be adapted to the specific needs of the individual patient, with an awareness of patient factors⁹² and availability of social/family support.

Pain management strategies and the benefits of multimodal regimens are intuitively patient and procedure specific. Unfortunately, most evidence-based guidelines for postoperative pain management are generalized for all surgical procedures.⁹³ Although good data exist that support the multimodal analgesia approach, research is lacking with respect to procedure specificity of this method. Enhanced recovery after surgery (ERAS)⁸⁸ programs are inherently procedure specific and are currently being developed for multiple surgical specialties.⁸⁹⁻⁹¹ Within head and neck surgery, ERAS multidisciplinary teams have utilized evidence-based measures to improve quality of perioperative care. Specifically, ERAS protocols in head and neck surgery have been shown to decrease opioid use and improve postoperative analgesia.⁸⁹⁻⁹¹

Multimodality pain management can include use of medications in the preoperative, intraoperative, and postoperative period (**Table 13**). Medications often used preoperatively