

Preface



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Guest Editor

Pain and suffering continue to be a challenging clinical dilemma. Providing comfort and alleviation of pain and suffering remains a primary and crucial goal of patient care. The management of pain has been and will continue to be a significant part of what anesthesiologists are involved in, both in the perioperative period and beyond (including patients with pain who have never had surgery).

Furthermore, the degree to which the anesthesiologist is able to achieve optimal analgesia with minimal adverse effects may potentially: abort certain persistent pain states, improve and expedite healing, decrease length of stay, improve and expedite optimal patient physical and/or emotional functioning, diminish morbidity, and improve quality of life. Additionally, the manner in which this is accomplished, as well as how well these goals are reached, may be reflected in how individual anesthesiologists, anesthesiology departments, and institutions are viewed by regulatory agencies, the media, other medical and nonmedical disciplines, referring physicians, other health care providers, and most importantly patients and their families.

Although initial pilot data have not been promising for back pain [1], strategies to combat proinflammatory cytokines may still be worthwhile pursuing for certain painful states. It may someday be possible to utilize gene therapy in attempts to manipulate the supraspinal endogenous pain modulatory system in efforts to restore balance between the pronociceptive dorsal reticular nucleus and the antinociceptive caudal ventrolateral medulla [2].

At higher levels of the central nervous system, it appears that at nociceptive levels of stimulation, pain intensity ratings positively correlate with

baseline fluctuations in the anterior cingulate cortex (an area involved in the affective dimension of pain), suggesting that baseline brain activity fluctuations may profoundly modify our conscious perception of the external world [3].

Pain is an integral part of the specialty of anesthesiology, its publications, and its missions of clinical care, education, and research. Despite the explosion of basic science research related to nociception, human pain continues to be a significant and suboptimally addressed clinical dilemma. Although clinicians have also made significant strides and have helped millions of patients achieve analgesia, there still remains much room for improvement. This issue of the *Anesthesiology Clinics* reflects a number of analgesic therapeutic options that anesthesiologists/pain specialists may find themselves involved with in some capacity. Thus, exposure to these various treatments may be helpful.

It is our hope that this volume will help anesthesiologists become more familiar with the evaluation and management of patients with persistent pain.

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