Chronic post-thoracotomy pain is the pain that lasts more than 6 weeks post operatively (time needed for normal wound healing).
The incidence of chronic post thoracotomy pain is as high as 50%.
3-5% of thoracotomy patients may have intractable severe post thoracotomy pain that resists ordinary treatment.
It may occur due to nerve, bone or muscle damage.
Cases associated with nerve damage might need long term anti-neuropathic therapy.
Chronic pain puts patients with decreased cardiopulmonary reserve and at greater risk of morbidity. Moreover chronic pain can be associated with long term physical, psychological, and financial problems.
Management of chronic post thoracotomy pain should start by prophylaxis.
Aggressive acute pain management prevents its progression to chronic pain.
The role of thoracic epidural perioperative analgesia is proved to be of particular importance.
Management through a multidisciplinary pain clinic is recommended.
The role of TCAs antiepileptics and local anesthetics in the management
The role of interventional therapy in the form triggers point injections, intercostal nerve blocks, thoracic epidural injection and spinal cord stimulation.