

616-089.168.1-06:616-009.7-084-085

А.М.

(De Leon-Casasola, 1993).

(Kehlet, 1989).

(Tuman et al., 1991).

(Liu et al., 1995).

периоперационного

(Yeager, 1988).

больвоспринимающих

структур спинного

(Kalso et al., 1992). Частота их

(Breivik, 1995).

(Bell, Vindenes, 1994; Cousins, 1994).

1990

50 % (Owen et al., 1990). КЛИНИК.

сердечно-легочных

(Breivik, 1995). 5 15 %

()

()

—

P (

) (

);

—

(Hopf, Weitz, 1994). ;

— И

(локаут). С-

0,5 2,5 (Tejwani, 1992).

— 5 (Ready, Edwards, 1992).

10 0,125%

0,2%

-2-

, 150

100

()

(20–90),

должительностью (24).

2

10 30 % (Breivik, 1995).

(

) 1/5

послеоперационного (

)

(4,8 ± 0,2)

(7,8 ± 0,6) (Moore, 1990).

()

(пульс-
высокой

),

6 % - , центральной () (NMDA)

2 % (Breivik, 1995). L2, (McCormack, , 1991).

40 % (Niemi et al., 1995). (0,07 % Breivik, на NMDA-рецепторов, (McCormack, 1994). :) ;) ;)

примене), (75-100 2 (1 3), (10 2-3), (Н.А. соавт., 1994; Ready, Edwards, 1992).

(Dawson, 1995). (30-50 3). кеторолака тро-

(Dickenson, 1994). 20-30 %. (Kehlet, Dahl, 1993).

(10-15 50 (, , (Lyons, 1995).

() (Rummans, 1994).) 75 (Breivik, 1995).

постганглионарными Р NMDA-рецепторно- NMDA- NMDA-

(Mg²⁺) NMDA-рецепторного

Mg²⁺ (не NMDA) Mg²⁺ тических 1924

NMDA-рецепторы (preemptive) Mg²⁺ ион (Eide et al., 1995).

0,2 / / 24
0,1 / / 24

(Parsons, 1997). снизить хирургического

анальгетический сами (Torebjork et al., 1992).

2,5 / рующего

NMDA- Mg что Mg²⁺ входит

(Tramer, 1996).

NMDA- (5-8 мг/сут.).

(12-18) 10 (Woolf, Wall, 1986).

(A.M. , 1996; Bach et al., 1988).

3-5

35-40

(Woolf, Chong, 1993).

1. Овечкин А.М., Гнездилов А.В., Арлазаров Н.М. и др.
возможность
// Анест.
— 1996. — № 4. — С. 35-39.
2. А.М., Гнездилов, Хмелько-

анальгезии:
— Воронеж, 1999. — С. 28-29.
3. Осипова Н.А., Береснев В.А.,
противовоспалительные ()

реаниматол.— 1994. — № 4.— . 41-45.
4. Н.А. Антиноцицептивные

// Анест.
— 1998. — №5. — . 11-15.
5. Bach S., Noreng M.F., Tjellden N. Phantom limb pain in
amputees during the first 12 months following limb amputation,
after preoperative lumbar epidural blockade // *Pain*. — 1988. —
V. 33.— P. 297-301.
6. Bell R., Vindenes H. Pain after breast reduction surgery // *Scand.
Assoc. Study of Pain 18th Ann. Meet.* — 1994(abstr.) . — №33.
7. Breivik H. Postoperative pain management // *Bailliere's
Clinical Anaesthesiology*— 1995. — V. 9. — P. 403-585.
8. Brennum J., Petersen K.L., Horn A. et al. Quantitative sensory
examination of epidural anaesthesia and analgesia in man:
combination of morphine and bupivacaine // *Pain*. — 1994. —
V. 56.—P. 327-337.
9. Cousins M. Acute and postoperative pain // *Textbook of
Pain*. — 3rd/Wall P., Melzack R. (eds). — Philadelphia: Churchill-
Livingstone. — P. 357-385.
10. Dawson P. Postoperative epidural analgesia // *Curr.
Anaesth. & Critical Care*. — 1995. — V. 6. — P.69-75.
11. De Leon-Casasola O., Karabella D., Lema M. The effects
of epidural bupivacaine morphine and intravenous PCA morphine
on bowel function and pain after radical hysterectomies // *Anesth
Analg*. — 1993. — V. 76. — P.73.
12. Dickenson A.H. Where and How Do Opioids Act? // *Proceed.
of the 7th World Congress on Pain*. — Seattle.— 1994. — P.525-552.
13. Eide P.K., Stubhaug A., Oye L. The NMDA antagonist
ketamine for prevention and treatment of acute and chronic
postoperative pain // *Bailliere's Clin-Anaesthesiol*— 1995.— V. 9,
№ 3. — P. 539-553.
14. Hopf H., Weitz J. Postoperative pain management // *Arch.
Surg*. — 1994. — V. 129 (2). — P.128-132.
15. Kalso E., Perttunen K., Kaasinen S. Pain after thoracic
surgery // *Acta Anaesth. Scand*. — 1992. — V. 36. — P.96-100.
16. Kehlet H., Dahl J.B. Postoperative pain // *World J. Surg*. —
1993. — V. 17. — P. 215-219.
17. Kehlet H. Postoperative pain relief // *Regional Anaesth*. —
1994. — V. 19. — P. 369-377.
18. Liu S., Carpenter R., Neal J. Epidural anesthesia and
analgesia. Their role in postoperative outcome // *Anesthesiology*.—
1995. — V. 82. — P.1474-1506.
19. Lyons B., Lohan D., Flynn C.G. et al. Intraarticular
analgesia for arthroscopic meniscectomy // *Br. J. Anaesth*. —
1995. — V. 75 (5). — P. 552-555.
20. McCormack K., Brune K. Dissociation between the
antinociceptive and antiinflammatory effects of the nonsteroidal
antiinflammatory drugs // *Drugs*.— 1991. — V. 41. — P. 533-547.
21. McCormack K. Nonsteroidal antiinflammatory drugs and
spinal nociceptive processing // *Pain*. — 1994.— V. 59. — P. 9-43.
22. Moore D.C. The role of anesthesiologist in managing
postoperative pain // *Reg. Anesth*. — 1990.— V. 15. — P. 223-231.
23. Niemi G., Haugtomt H., Breivik H. Postoperative pain relief
with balanced epidural analgesia on surgical wards // *Acta Anaesth.
Scand*. — 1994. — V. 39. — P.428.
24. Owen H., McMillan V., Rogowski D. Postoperative pain
therapy: a survey of patients' expectations and their experiences //
Pain. — 1990.— V. 41. — P.303-309.
25. Parsons C. Development of therapeutically safe NMDA
receptor antagonists for the treatment of chronic pain // *Book of
Abstr. II Congr. EFIC, Barselona, Spain, 1997*. — P. 57-60.
26. Ready L.B., Edwards WT Management of acute pain: a
practical guide // *IASP Publications*. — Seattle. — 1992. — 73 p.
27. Rummans T. Nonopioids agents for treatment of acute and
subacute pain // *Mayo Clinic Proceed*. — 1994. — V. 69. —
P. 481-490.
28. Shir Y, Raja S., Frank S. The effect of epidural versus general
anesthesia on postoperative pain and analgesic requirements in
patients undergoing radical prostatectomy // *Anesthesiology*. —
1994. — V. 80. — P.49.
29. Tejwani G., Rattan K., McDonald J. Role of spinal opioid
receptors in the antinociceptive interactions between intrathecal morphine
and bupivacaine // *Anesth. Analg*. — 1992.— V. 74. — P. 726-734.
30. Torebjork H.E., Lundberg L.E., LaMotte R.H. Central
changes in processing of mechanoreceptor input in
capsaicin-induced sensory hyperalgesia in humans // *J. Physiol.
(Lond)*.— 1992— V. 448. — P. 765.
31. Tramer M., Schneider J., Marti R., Rifat K. Role of
magnesium sulfate in postoperative analgesia // *Anesthesiology*. —
1996. — V. 84. — P.340-347.
32. Tuman K., McCarthy R., March R. Effects of anaesthesia
and analgesia on coagulation and outcome after major vascular
surgery // *Anesth. Analg*. — 1991. — V. 73. — P. 696-704.
33. Woolf C.J., Wall P.D. Morphine-sensitive and
morphine-insensitive actions on C-fibre input on the rat spinal cord //
Neurosci. Lett. — 1986.— V. 64. — P.221-225.
34. Woolf C.J., Chong M.S. Preemptive analgesia treating
postoperative pain by preventing the establishment of central
sensitization // *Anesth. Analg*. — 1993. — V. 77. — P. 18.
35. Yeager M., Glass D., Neff R., Brick Johns en F. Epidural
anaesthesia and analgesia in high risk surgical patients //
Anesthesiology. — 1988. — V. 73.— P.729-736. □

TREATMENT AND PROPHYLAXIS OF POSTOPERATIVE PAIN: WORLD EXPERIENCE AND PERSPECTIVES

А.М. Овечкин, А.Д. Гнездилов, Д.В.
ИДПротезування, м.

A.M. Ovechkin, A.D. Gnezdilov, D.V. Morozov
Central Science Research Institute of Prosthesis of RF,
Moscow, Russia

статті

Summary. There is a review of domestic and foreign literature on the problem of treatment and prophylaxis of postoperative pain in the article. There are described the high effective methods of postoperative analgesia — patient's controlled analgesia and long-lasting epidural anesthesia. In the review the efficacy of different agents used as analgesics is analyzed. The conception of preventive analgesia and methods of its realization in surgery are of great interest. It is suggested that postoperative pain syndrome treatment should be multimode and its efficacy is much contributed by postoperative pain prophylaxis.

спідуральна

ii

модальний