

## EDITORIAL

# Understanding persistent postoperative pain in South Africa

There are few studies documenting the prevalence of chronic pain in South Africa. Igumbor et al<sup>1</sup> cite a prevalence of 42.3% amongst people living in rural communities, whilst Rauf et al<sup>2</sup> report a similarly high prevalence of 41% in a more urban population in South West Tshwane. There are even fewer published data on the incidence of chronic post-surgical pain (CPSP) in our local population. Anecdotal reports suggest that the incidence of CPSP in South African patients is less than that reported in European studies (where estimates range widely between 4.7 and 50%),<sup>3-5</sup> but the evidence to support these local anecdotal reports is lacking.

Risk factors for CPSP include chronic pre-operative pain, the percentage of time spent in severe pain on the first day after surgery, younger age, psychological factors, intraoperative nerve damage, and genetic factors.<sup>3,6</sup> In addition, certain surgical procedures are typically associated with a higher incidence of chronic pain; including mastectomy, thoracotomy, sternotomy for coronary bypass surgery, inguinal hernia repair, caesarean section and amputations or other orthopaedic surgery.<sup>3,4</sup> The study by Variawa et al<sup>7</sup> in this edition of SAJAA is the first report to our knowledge, of the prevalence of post-mastectomy pain syndrome in an African country. As such, it provides an important perspective and we hope it will stimulate more South African research into CPSP.

Post-mastectomy pain syndrome is a distinctive, persistent and debilitating neuropathic pain syndrome that can develop following breast surgery.<sup>7</sup> Variawa et al report that 38% of female breast cancer survivors developed post-mastectomy pain syndrome,<sup>7</sup> which is similar to the reported international incidence of 25% to 60%.<sup>8</sup>

Assessing pain in South Africa is difficult. Importantly, we lack screening tools that have been translated and validated in local African languages. This problem may be partly overcome with the help of a translator, but other barriers, such as certain words not existing within a language cause further difficulty. For example, words such as 'tingling', 'jumping', 'shooting' and 'radiating' are very poorly understood by isiZulu speakers. Shaikh and colleagues have previously highlighted these problems and the challenges of translation<sup>9</sup> and emphasised the need for translation of existing questionnaires into isiZulu and other related African languages. They noted problems with applying English-language tools with a translator, despite this being the current recommended South African practice for managing neuropathic pain.<sup>10</sup>

Certainly, the use of any assessment tool is better than none. The study by Variawa et al<sup>7</sup> alerts us to the importance of CPSP in our population, and it should provide impetus for further study of the burden of persistent postoperative pain, and strategies to identify, prevent and manage chronic pain and CPSP in Africa.

But before we assume that such improvements are close at hand, let us remember that understanding and treating neuropathic pain remains

a challenge. We also have limited access to appropriate drug therapy in South Africa. However, best practice treatment is not restricted to pharmacological measures: for example, all chronic pain conditions require that the patient be educated in the neuroscience of pain as a central treatment. This, in turn, requires clinicians who are involved in pain treatment to have a deep understanding of pain in all its complexity. Training clinicians in pain science will better equip them to recognise the problem and initiate appropriate treatment, both pharmacological and non-pharmacological. It is encouraging that researchers in South Africa are turning their attention to the problem of chronic pain, and we hope that the local pain research community will consider systematically addressing some of the limitations in our knowledge which have been highlighted in this editorial.

### Conflict of interest

The authors declare no conflicts of interest.

**JA van Nugteren<sup>1</sup>, R Parker<sup>1,3</sup>, VJ Madden<sup>1,2</sup>**

<sup>1</sup> Department of Anaesthesia and Perioperative Medicine, Groote Schuur Hospital and University of Cape Town.

<sup>2</sup> Department of Psychiatry and Mental Health, Groote Schuur Hospital and University of Cape Town.

<sup>3</sup> Department of Health and Rehabilitation Sciences, University of Cape Town

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