



ESRA ITALIAN CHAPTER

30° NATIONAL MEETING

Presidents:

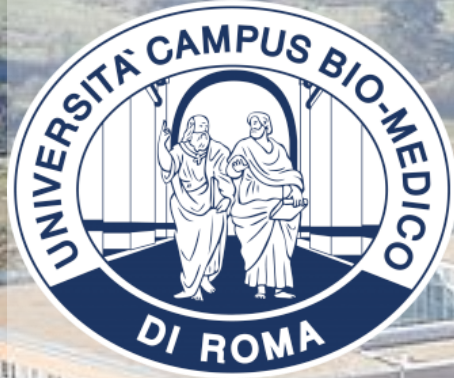
Giuseppe Servillo, Fabrizio Fattorini

13-15 NOV 2025

NAPOLI
HOTEL RAMADA

REGIONAL
ANAESTHESIA:
LET'S OPEN
THE BORDERS





FONDAZIONE
POLICLINICO UNIVERSITARIO
CAMPUS BIO-MEDICO

FABIO COSTA

GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:

A PERFECT MATCH?

FABIO

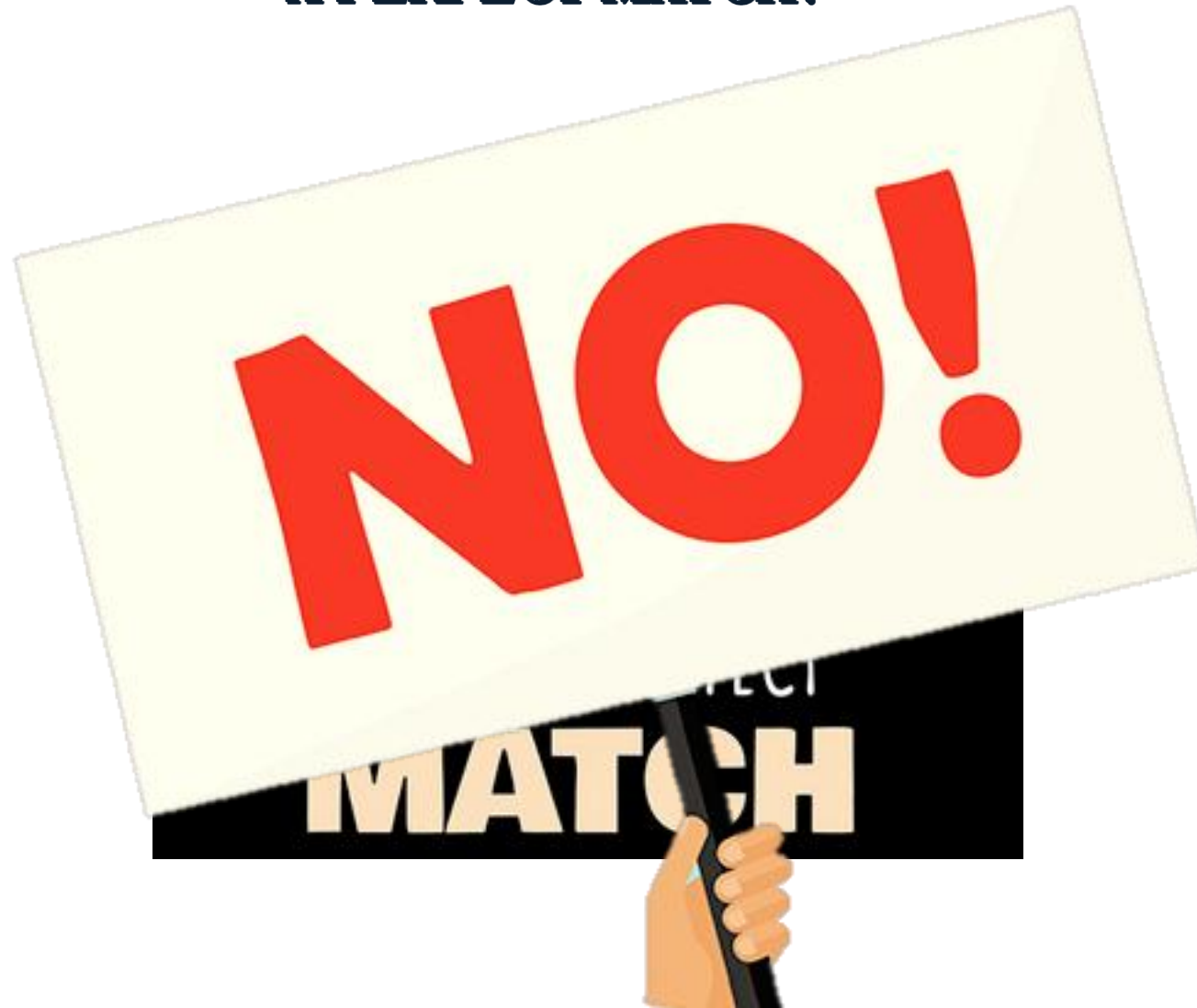


COSTA

PLEASE ANSWER!!!

GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:

A PERFECT MATCH?



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A PERFECT MATCH?



GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:

A PERFECT MATCH?

Why Not?

Pain control → early mobilization → functional recovery → better outcomes

Is this not true any more?

GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:

DISCOVER THE HIDDEN PROBLEMS



PROBLEM

GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:

DISCOVER THE HIDDEN PROBLEMS

GOOD PAIN CONTROL

**ESPECIALLY IN NORA and DS often means ok to discharge (either home or to the ward)
WHO'S CARING THE PATIENT AFTER 6 HOURS OR THE NEXT DAY?**



PROBLEM

Pain control → early mobilization → functional recovery → better outcomes

GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:

DISCOVER THE HIDDEN PROBLEMS

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**WE ARE CONFIDENT THAT PAIN
FREE DISCHARGE MEANS PAIN
FREE POSTOPERATIVE PERIOD**



PROBLEM

Pain control → early mobilization → functional recovery → better outcomes

DISCOVER THE HIDDEN PROBLEMS GOOD PAIN CONTROL

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ALDRETE PADSS White & Song CAMPUS

Parameter	2 Points	1 Point	0 Points
Activity	Able to move all four extremities voluntarily or on command	Able to move two extremities	Unable to move any extremities
Respiration	Able to breathe deeply and cough	Dyspnea, shallow or limited breathing	Apneic
Circulation (Blood Pressure)	BP within ± 20 mmHg of pre-anesthesia level	BP within ± 20 -50 mmHg of pre-anest-	BP difference > 50 mmHg from baseline
Consciousness	Fully awake	Arousable on calling	Unresponsive
Oxygen Saturation (SpO ₂)	$> 92\%$ on room air	Needs O ₂ inhalation to maintain $> 90\%$	$< 90\%$ even with O ₂

Maximum Score = 10

≥ 9 indicates patient is safe

Vital signs

BP and pulse within 20% of preoperative values 2
BP and pulse within 20-40% of preoperative values 1
BP and pulse $<$ or $>$ 40% of preoperative values 0

Activity

Steady gait, no dizziness or return to preoperative baseline 2
Requires assistance 1
Unable to ambulate 0

Nausea and vomiting

Minimal, treated with oral medication 2
Moderate, treated with parenteral or rectal medication 1
Severe, refractory to treatment 0

Pain

Controlled with oral medication and acceptable to the patient 2 = yes
1 = no

Surgical Bleeding

Minimal - no dressing changes 2
Moderate - up to two dressing changes 1
Severe - more than three dressing changes 0

Scala di White e Song adattata per la dimissione dalla S.O. al CBM

Livello di coscienza	Sveglio e orientato	2	No
	Risvegliabile con un minimo stimolo	1	
	Responsivo solo alla stimolazione tattile	0	
Attività fisica	Muove tutte le estremità a comando	2	—
	Debolezza nel muovere le estremità	1	
	Incapace di muovere volontariamente le estremità	0	
Stabilità emodinamica	PA $\pm 15\%$ dei valori preoperatori	2	Inf
	PA $\pm 30\%$ dei valori preoperatori	1	
	PA $> 30\%$ dei valori preoperatori	0	
Stabilità respiratoria	In grado di respirare profondamente	2	IN
	Respiro superficiale (tachipnea) con buona capacità di tossire	1	
Saturazione d'ossigeno	$> 90\%$ in aria ambiente	2	—
	Richiede ossigeno supplementare (occhiali)	1	
	$< 90\%$ con ossigeno supplementare	0	
Dolore postoperatorio	Assente o lieve (NRS* 0-3)	2	—
	Moderato/grave, controllato con analgesici ev (NRS* 4-7)	1	
	Grave persistente (NRS* 8-10)	0	
Vomito postoperatorio	Assente o lieve nausea	2	—
	Vomito transitorio o conati di vomito	1	
	Vomito o nausea moderata/grave persistente	0	
punteggio totale			O D D

Pain control → early mobilization → functional recovery → better outcomes

DISCOVER THE HIDDEN PROBLEMS GOOD PAIN CONTROL

**WE ARE CONFIDENT THAT PAIN
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DISCHARGE SCORES DO NOT REALLY HELP

READINESS FOR HOSPITAL DISCHARGE SCALE – ADULT FORM ©

Please fill in the circle next to your answer. The answers are on a 10-point scale from 0 to 10. The words below the number indicate what the 0 or the 10 means. Pick the number between 0 and 10 that best describes how you feel. For example, circling number 7 means you feel more like the description of number 10 than number 0 but not completely.

1. How physically ready are you to go home?	0	1	2	3	4	5	6	7	8	9	10
	Not ready							Totally ready			
2. How would you describe your energy today?	0	1	2	3	4	5	6	7	8	9	10
	Low energy							High energy			
3. How much do you know about problems to watch for after you go home?	0	1	2	3	4	5	6	7	8	9	10
	Know nothing at all							Know all			
4. How much do you know about restrictions (what you are allowed and not allowed to do) after you go home?	0	1	2	3	4	5	6	7	8	9	10
	Know nothing at all							Know all			
5. How well will you be able to handle the demands of life at home?	0	1	2	3	4	5	6	7	8	9	10
	Not at all							Extremely well			
6. How well will you be able to perform your personal care (for example, hygiene, bathing, toileting, eating) at home?	0	1	2	3	4	5	6	7	8	9	10
	Not at all							Extremely well			
7. How much help will you have if needed with your personal care after you go home?	0	1	2	3	4	5	6	7	8	9	10
	None							A great deal			
8. How much help will you have if needed with your medical care needs (treatments, medications) after you go home?	0	1	2	3	4	5	6	7	8	9	10
	None							A great deal			

RHDS

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DISCOVER THE HIDDEN PROBLEMS GOOD PAIN CONTROL

**WE ARE CONFIDENT THAT PAIN
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BUT REAL OUTCOME HAS YET TO COME

TABLE 3. Minor Adverse Outcomes Analysis: OR Versus NORA

Outcomes	OR Counts	NORA Counts
Any PONV	70,116	7915
Inadequate postoperative pain control	44,195	7508
Dental/oral/food/air	1055	144
Blood-vascular	197	40
Airway/intubation	3763	776
Hemodynamic instability	41,902	4650
Unanticipated upgrade of care	1324	140
Eye/ocular/corneal	1475	414
Respiratory-pulmonary	865	153
Neurological-any	551	179
Dural/wet/headache	262	32
Central/intravenous line problem	280	40
Equipment/monitor	405	125
Reversal of neuromuscular blocking agents	795	85
Regional anesthesia problem	475	18
Reversal of narcotics	222	28

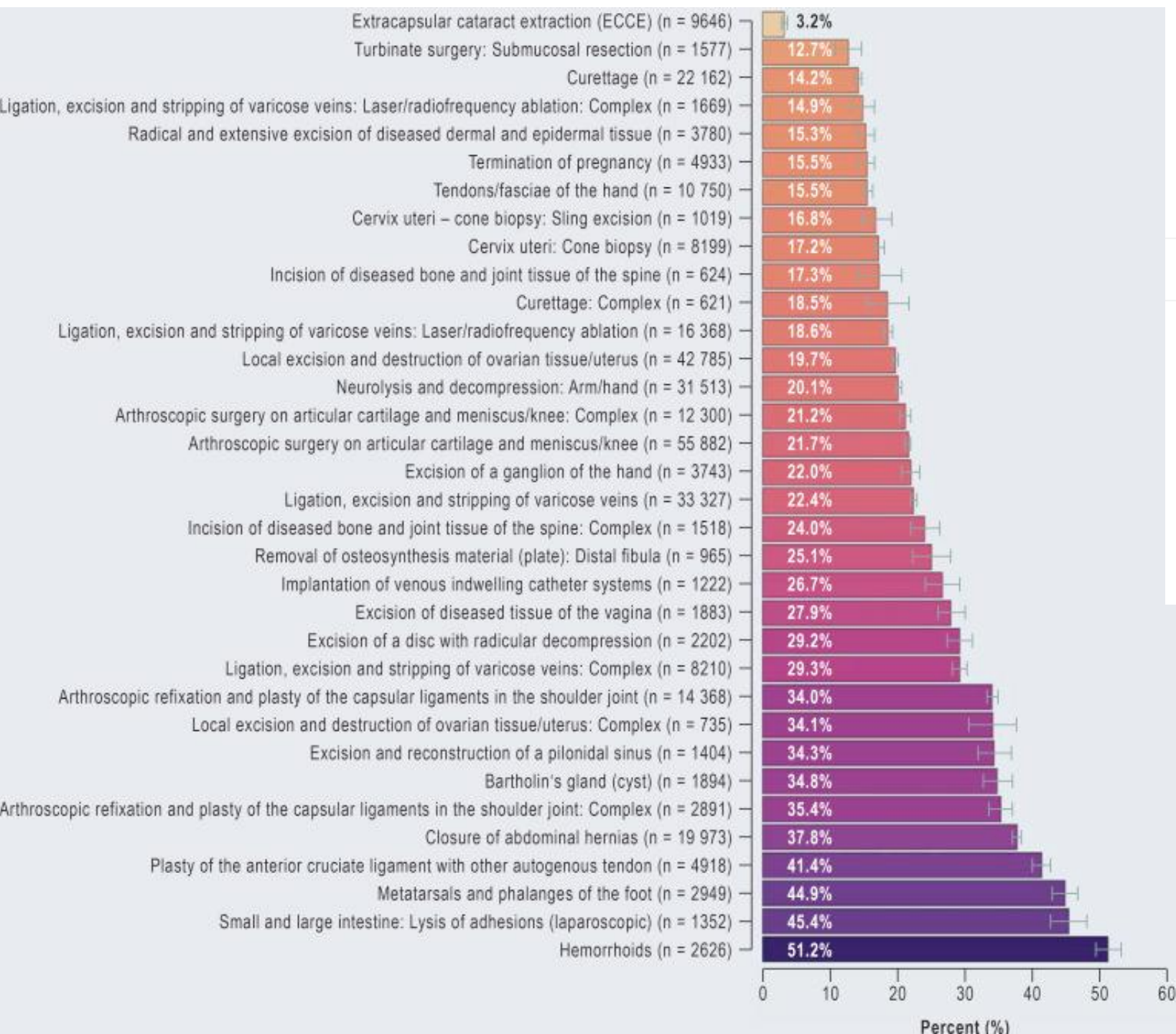
ORIGINAL ARTICLE

Complications of Non-Operating Room Procedures: Outcomes From the National Anesthesia Clinical Outcomes Registry

Beverly Chang, MD, Alan D. Kaye, MD, PhD,† James H. Diaz, MD, MPH,†† Benjamin Westlake, BS,§
Richard P. Dutton, MD, MBA,§|| and Richard D. Urman, MD, MBA**

26	<0.01	2.3443 (1.6688–3.2932)
429	<0.001	2.2148 (2.0502–2.3926)
9773	<0.0001	4.0427 (3.9226–4.1666)
325	<0.001	4.3221 (3.6313–5.1440)
79	<0.001	1.6287 (1.4606–1.8162)
114	<0.001	0.9145 (0.8134–1.0218)
16	<0.001	1.4075 (1.1892–1.6660)
31	<0.001	2.7239 (1.8872–3.9318)
21	<0.001	2.1277 (1.5241–2.9564)
15	<0.001	1.4851 (1.2124–1.8105)
176	<0.001	4.0411 (3.2313–5.0540)
107	<0.001	8.0610 (5.0350–12.9057)
29	<0.001	2.805 (1.8935–4.1560)

Pain control → early mobilization → functional recovery → better outcomes



ORIGINAL ARTICLE


Pain After Outpatient Surgical Procedures

A Survey of 330 000 Patients

Dtsch Arztebl Int 2024; 121: 71-8. DOI: 10.3238/arztebl.m2023.0235

Baumbach, P; Dreiling, J; Arnold, C; Weinmann, C; Komann, M; Bäcker, K; Neumann, A; Karst, J; Meißner, W



► BMJ Open. 2025 Sep 18;15(9):e101636. doi: [10.1136/bmjopen-2025-101636](https://doi.org/10.1136/bmjopen-2025-101636) 

Correlation between postoperative pain trajectories and recovery after day surgery: a protocol for a prospective cohort study

Di Yang ^{1,0,1}, Xinyue Wang ^{1,0,1}, Xinyu Li ¹, Shanmei Su ¹, Lei Yang ^{2,8}, Dan Fan ^{1,*}



DISCOVER THE HIDDEN PROBLEMS GOOD PAIN CONTROL

**WE ARE CONFIDENT THAT PAIN
FREE DISCHARGE MEANS PAIN
FREE POSTOPERATIVE PERIOD**

BUT REAL OUTCOME HAS YET TO COME

**Inadequate postoperative
pain control**

REBOUND PAIN

or even worse

HEAVY PAIN CONTROL

PROBLEM

Pain control → early mobilization → functional recovery → better outcomes

GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:

A PERFECT MATCH?

GOOD EARLY POSTOPERATIVE PAIN RELIEF

too little

**PAIN
MANAGEMENT**

too much

REBOUND PAIN

HEAVY PAIN CONTROL

INSUFFICIENT MMA REGIMEN

RESIDUAL MOTOR BLOCK

LACK OF “RESCUE DOSE”

OPIOIDS ROUND THE CLOCK

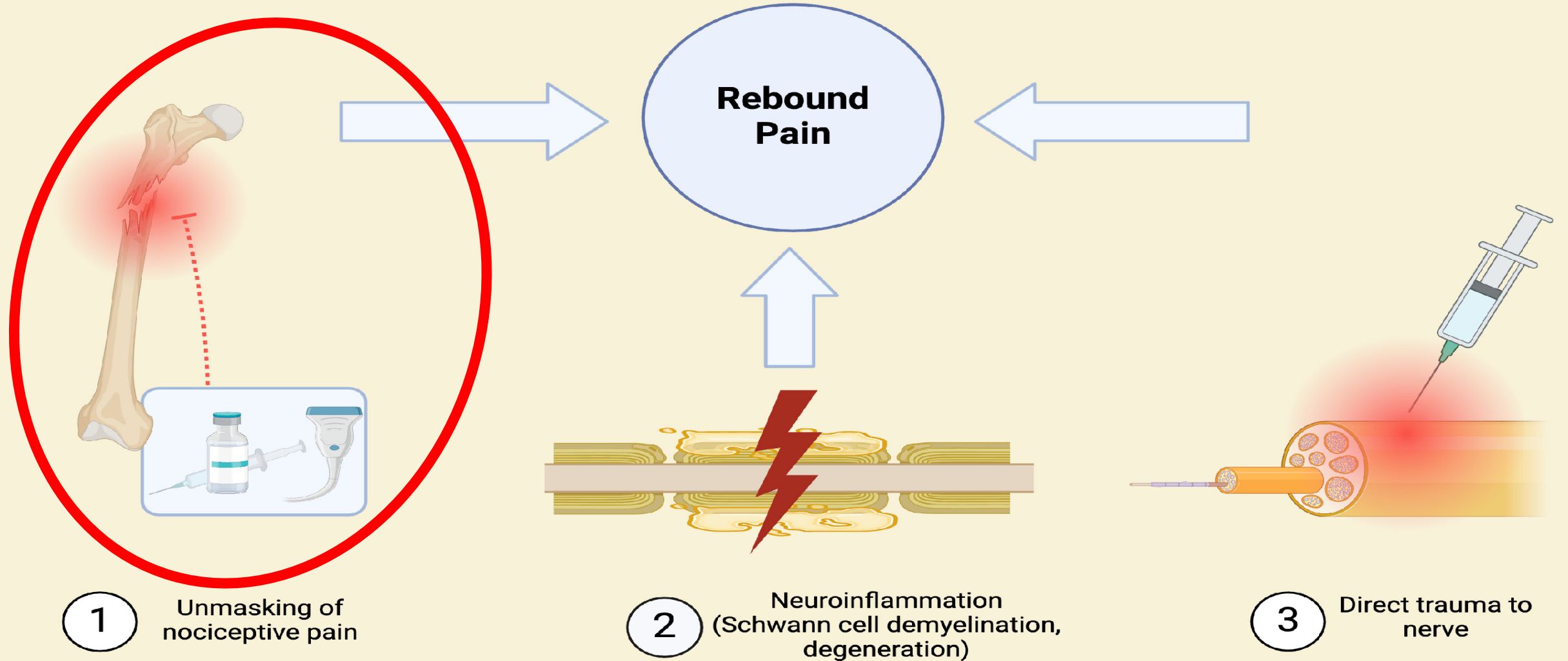
WHEN THE PATIENT IS FAR AWAY

RAPID FUNCTIONAL RECOVERY IS IMPAIRED

Pain control → early mobilization → functional recovery → better outcomes

REBOUND PAIN

Hypothesis of Mechanisms of Rebound Pain



GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:

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REBOUND PAIN

HEAVY PAIN CONTROL









EJA

Eur J Anaesthesiol 2025; **42**:1 –8

OPEN

GUIDELINES

Pain management after hallux valgus repair surgery: an updated systematic review and procedure-specific postoperative pain management (PROSPECT) recommendations

Melissa Wust , Neel Desai , Girish P. Joshi , Narinder Rawal , Marc Van de Velde ,
Eleni Moka , Jolanda Elmers  and Eric Albrecht , on behalf of the PROSPECT Working Group
of the European Society of Regional Anaesthesia, Pain Therapy (ESRA)



GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:

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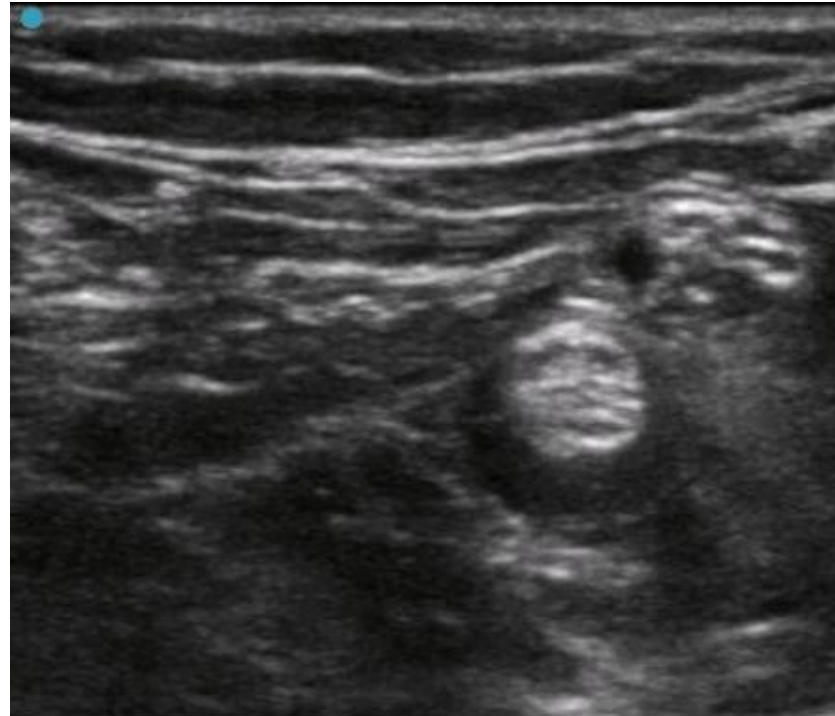
PAIN
MANAGEMENT

too much



REBOUND PAIN

Patient has no pain
Moves ankle
GOOD!!!
Let's go home!!
Have just a paracetamol if you need it



HEAVY PAIN CONTROL

Patient has no pain
Moves ankle
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Let's go home!!
But prevent postoperative pain!!
Take paracetamol + codeine round the clock (4/day)

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Pain management after hallux valgus repair surgery: an updated systematic review and procedure-specific postoperative pain management (PROSPECT) recommendations



Pharmacological treatments

- Paracetamol combined with a nonsteroidal anti-inflammatory drug or cyclooxygenase (COX)-2 selective inhibitor administered preoperatively or intra-operatively and continued postoperatively
- Dexamethasone (systemic), intraoperatively
- Opioid for rescue postoperatively



Anaesthetic and analgesic strategies

- Ankle block with single administration of local anaesthetics as first choice
- Local anaesthetic wound infiltration as an alternative

GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:

A PERFECT MATCH?

GOOD EARLY POSTOPERATIVE PAIN RELIEF



REBOUND PAIN

HEAVY PAIN CONTROL

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WHEN THE PATIENT IS FAR AWAY

RAPID FUNCTIONAL RECOVERY IS IMPAIRED

Pain control → early mobilization → functional recovery → better outcomes

A PERFECT MATCH?
RECOVERY

RAPID

FUNCTIONAL

Does not mean 6 hours, 1 day, 3 days Does not even mean “as fast as possible”

Does not just mean go home

**Means “in the best possible way”,
EVIDENCE BASED WAY!!!**

means “go back to work or to your previous usual activities”



Pain control → early mobilization → functional recovery → better outcomes

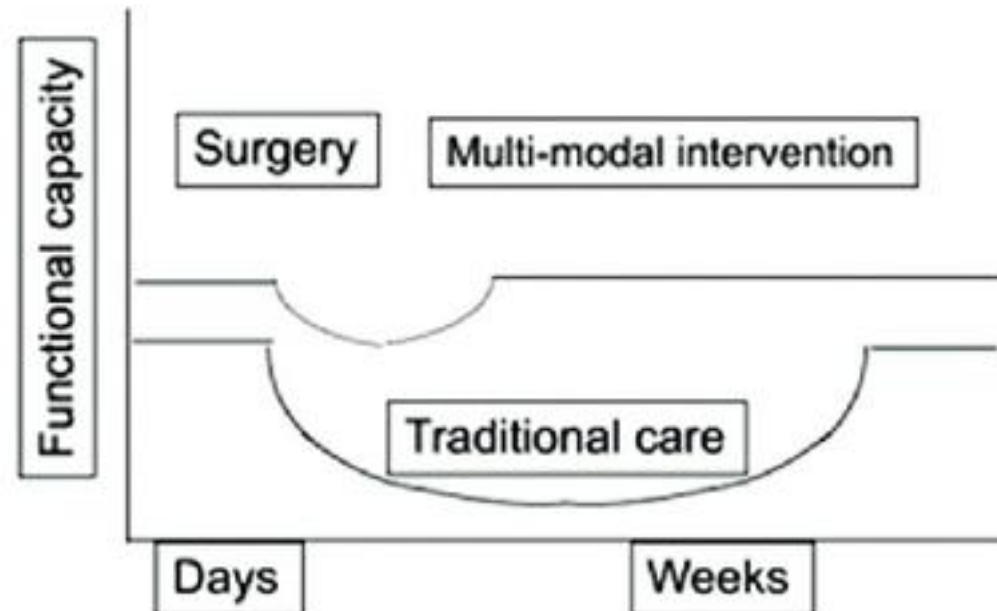
GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:

A PERFECT MATCH?
RECOVERY

RAPID

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back to your previous usual activities in the best possible **EVIDENCE BASED WAY!!!**



Pain control → early mobilization → functional recovery → better outcomes

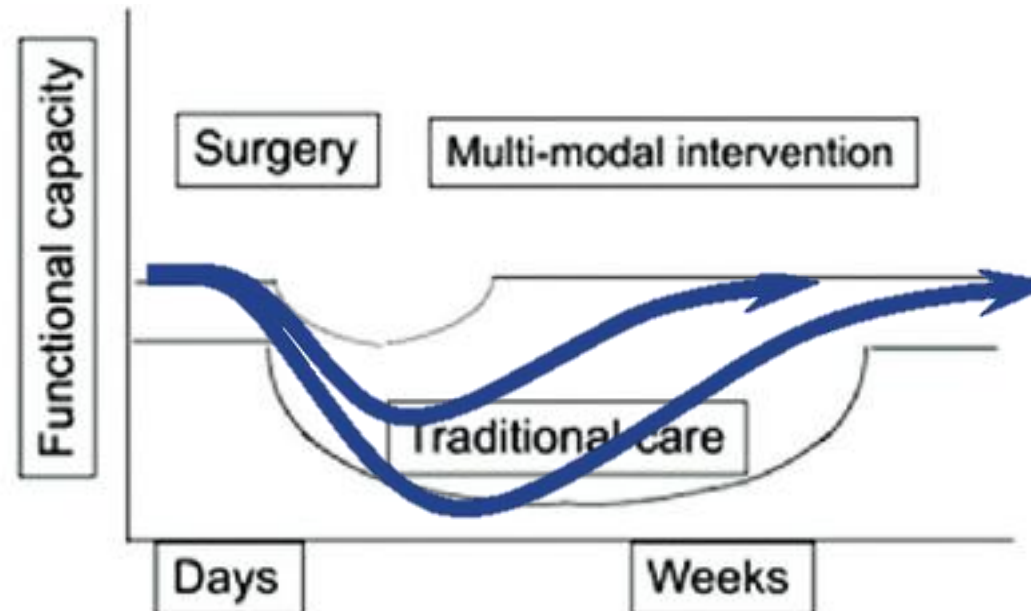
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Pain control → early mobilization → functional recovery → better outcomes

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RECOVERY

RAPID

FUNCTIONAL

back to your previous usual activities in the best possible EVIDENCE BASED WAY!!!



Pain control → early mobilization → functional recovery → better outcomes

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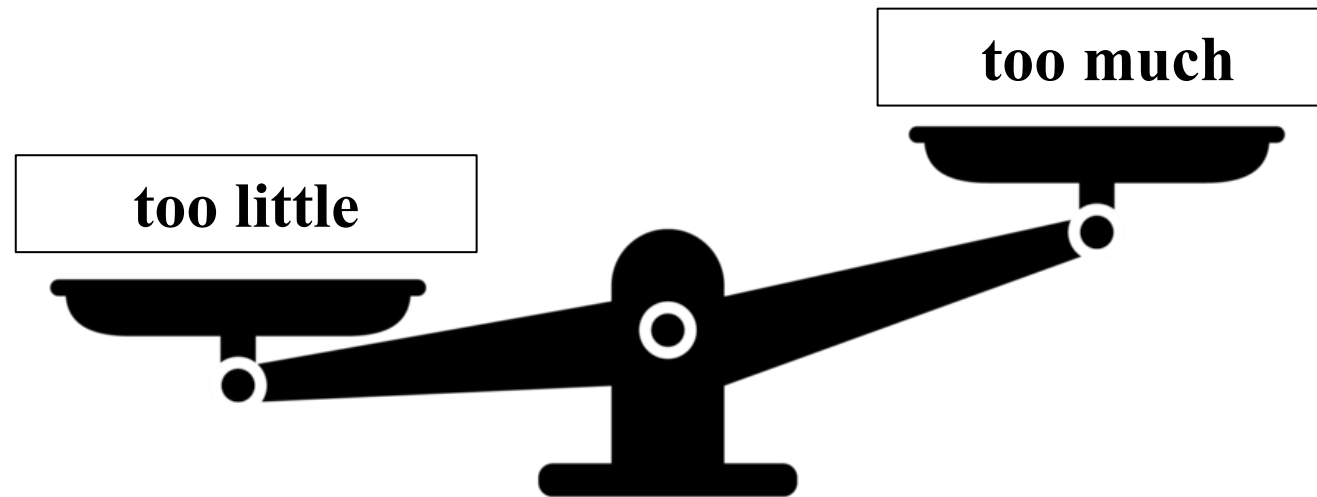
RAPID FUNCTIONAL RECOVERY

GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:

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GOOD EARLY POSTOPERATIVE PAIN RELIEF

**PAIN
MANAGEMENT**

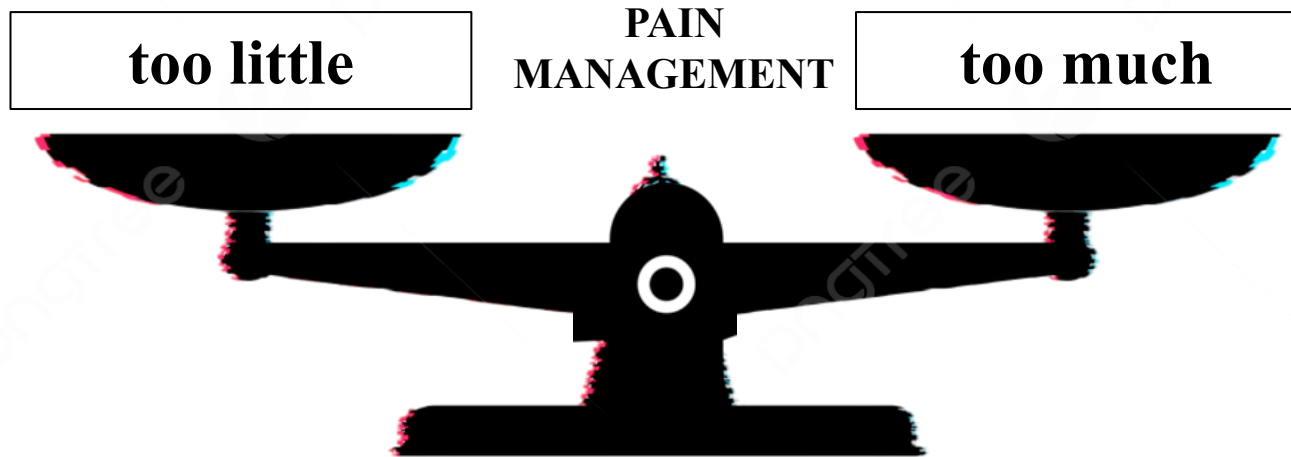


Pain control → early mobilization → functional recovery → better outcomes

GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:

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GOOD EARLY POSTOPERATIVE PAIN RELIEF



RAPID FUNCTIONAL RECOVERY

Pain control → early mobilization → functional recovery → better outcomes

GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:

A PERFECT MATCH?

~~too little~~

GOOD PAIN MANAGEMENT

~~too much~~

**WHAT ARE THE
INGREDIENTS?**

HEAVY PAIN CONTROL

Motor sparing blocks

No opioids round the clock

No spinal adjuvants

**Fascial plane
blocks**

adjuvants

**Multimodal
analgesia**

Rescue dose “opioids”



**PERIPHERAL NERVE
CATHETERS???**

RAPID FUNCTIONAL RECOVERY

Pain control → early mobilization → functional recovery → better outcomes

GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:

A PERFECT MATCH?

~~too little~~

~~too much~~

MANAGEMENT

HEAVY PAIN CONTROL

**CHOOSE THE
RIGHT SEDATION**

PERI-
CATHETER

FUNCTIONAL RECOVERY

early mobilization → functional recovery → better outcomes



GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:

A PERFECT MATCH?

~~too little~~

GOOD PAIN MANAGEMENT
WHAT ARE THE
INGREDIENTS?

~~too much~~

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**REGIONAL
ANESTHESIA**

**Fascial plane
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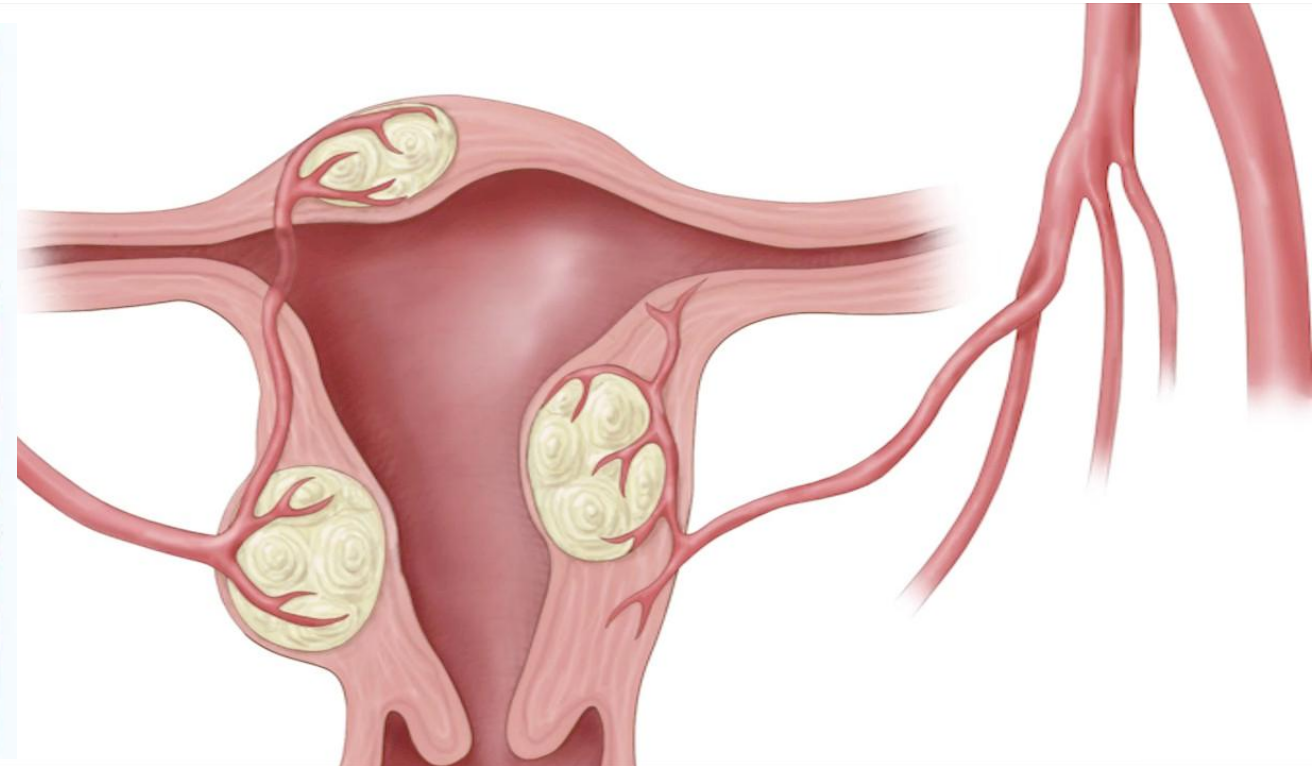
RAPID FUNCTIONAL RECOVERY

Pain control → early mobilization → functional recovery → better outcomes

GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:

REGIONAL ANESTHESIA

NORA and DS



Pain control → early mobilization → functional recovery → better outcomes

REGIONAL ANAESTHESIA WHERE YOU DON'T EXPECT: NEURAXIAL BLOCKADES FOR ENDOSCOPIC SUBMUCOSAL DISSECTION PROCEDURE (ESD)

¹F Costa, ¹G Andrisani, ¹G Pascarella, ¹LM Remore*, ¹A Strumia, ¹F Gargano,
¹C Sebastiani, ¹S Mariapia, ²R Del Buono, ¹FM Di Matteo, ¹FE Agrò. ¹Università Campus
Biomedico di Roma, Rome, Italy; ²ASST Gaetano Pini, Milan, Italy

10.1136/rapm-2021-ESRA.46

	PATIENT			TUMOR SITE	DURATION minutes
	AGE	GENDER	COMORBIDITIES		
CASE 1	81	male	>3	descending	300
CASE 2	73	male	3	rectum	375
CASE 3	70	female	1	valve	265
CASE 4	66	male	2	valve	120
CASE 5	83	male	>3	descending	180

NORA and DS



Pain control → early mobilization → functional recovery → better outcomes

GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:

REGIONAL ANESTHESIA

EMBOLIZZAZIONE RADIOLOGICA DI FIBROMA UTERINO:

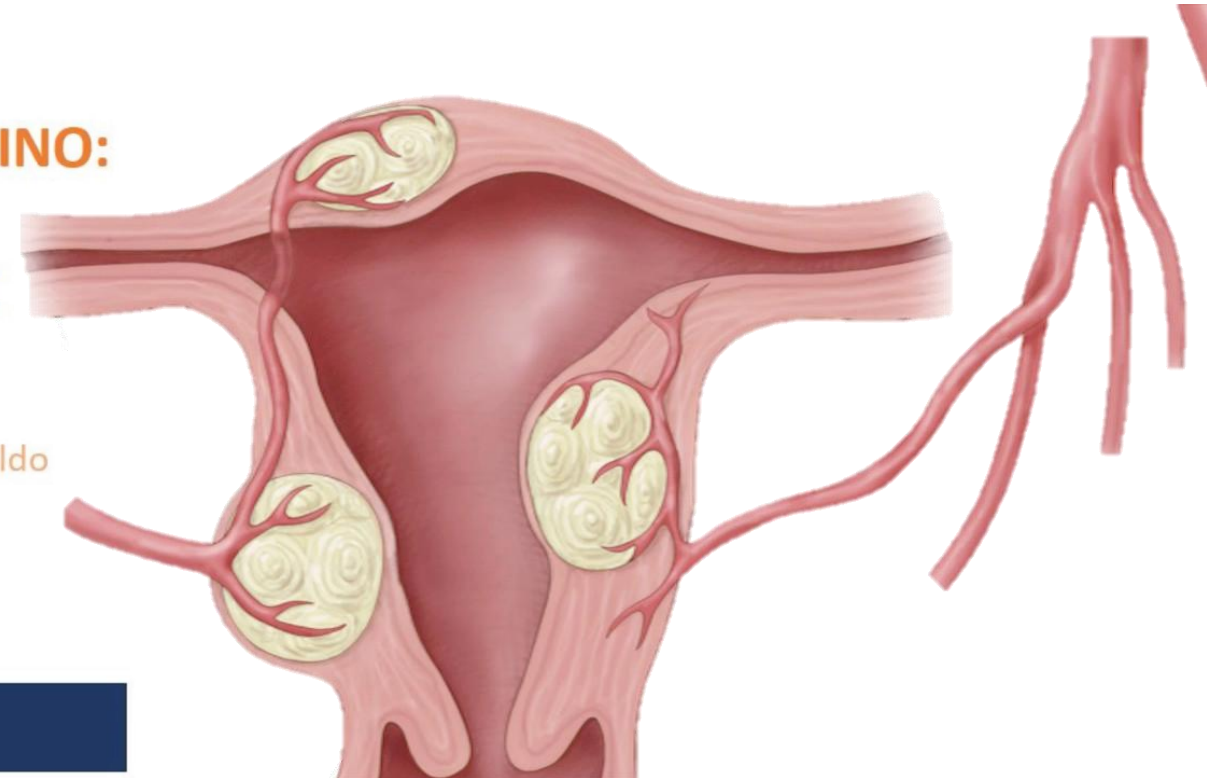
RUOLO DEL SACRAL MULTIFIDUS PLANE BLOCK

S. Migliorelli, F. Costa, G. Pascarella, E. Faiella, G. Pacella, M. Carassiti, R. Cataldo

Fondazione Policlinico Universitario Campus Bio-Medico di Roma



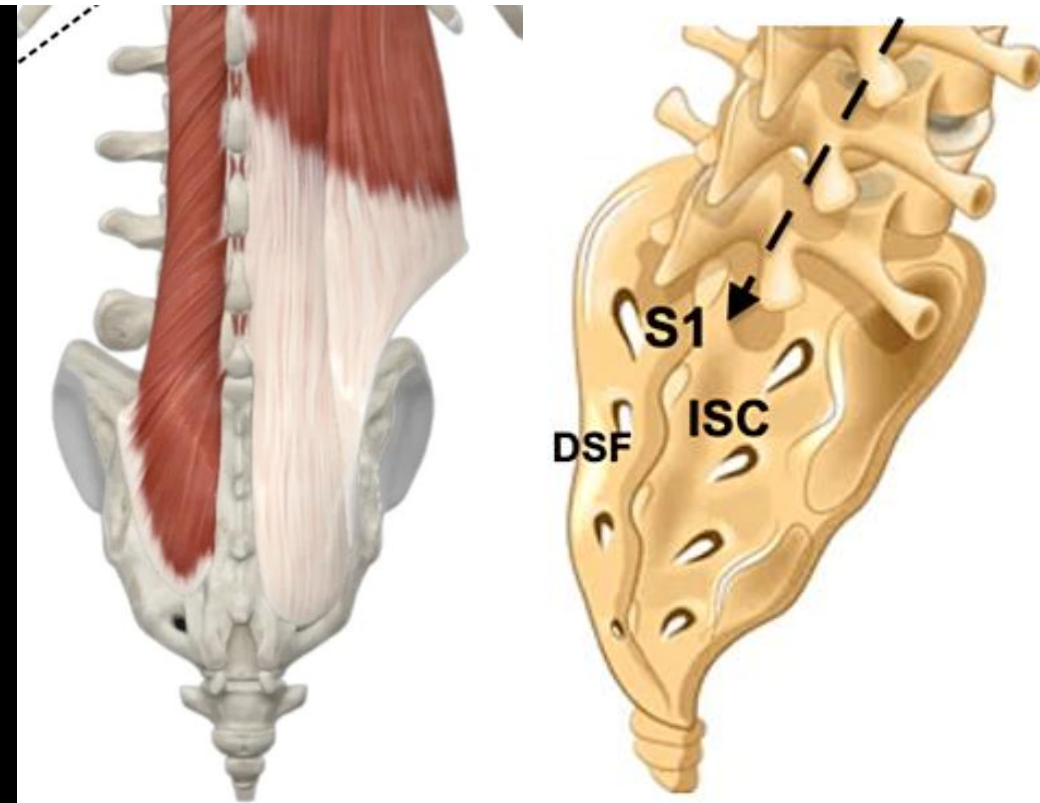
Università Campus Bio-Medico di Roma
Scuola di Specializzazione in Anestesia, Rianimazione, Terapia Intensiva e del Dolore



Pain control → early mobilization → functional recovery → better outcomes

GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:

REGIONAL ANESTHESIA



Pain control → early mobilization → functional recovery → better outcomes

NOWADAYS WE MIGHT FACE **MAJOR PROCEDURE**
NOT INVASIVE DOES NOT ALWAYS MEAN NOT PAINFUL
especially orthopedics (the most challenging), therefore...

***GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:
A PERFECT MATCH?***

**YES
BUT DON'T FORGET...**

ADEQUATE PAIN MANAGEMENT

AND...



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especially orthopedics (the most challenging), therefore...

***GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:
A PERFECT MATCH?***

AND...

BEWARE OF NRS “0” AT DISCHARGE

Sometimes, the perfect functional outcomes come from an imperfect anesthesia.

a 4-5 nrs score in recovery room, forces us to set an adequate pain management strategy before the patient go away.

NRS 2 or 3 allows mobilization and feeding, but still reminds to patients that something happened and needs time to heal.

***GOOD POSTOPERATIVE PAIN RELIEF AND RAPID FUNCTIONAL RECOVERY:
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