



Chronic Abdomen Pain Narcotics – The Solution or the Problem?

Fall General Surgery has the privilege of treating, among many things, chronic abdominal pain. By “chronic” we refer to the existence of symptoms over several weeks, months, or even years.

Symptoms may be localized or generalized. Alternation of bowel function, nausea, and/or vomiting may or may not accompany complaints of constant or cramping abdominal pain.

Commonly, this syndrome has a predilection toward young females. Excessive co-existence of stress may add to the clinical picture and challenge diagnostic and therapeutic options.

Often times, previous surgery has been performed raising concerns of symptomatic post-op adhesions or other undiagnosed pathology.

Because symptoms can be disabling, many patients are referred for surgical evaluation. Prior to recommending laparoscopy, multiple diagnostic studies are usually performed; i.e., CT scans, MRI, upper/lower endoscopy, etc. Commonly, despite negative studies, many patients will continue to be symptomatic.

For some of these patients, diagnostic laparoscopy may be recommended and, in many of these patients, pathology can be identified and corrected. Since laparoscopy utilizes only three to four tiny incisions, post-op pain is minimal.

An evolving policy of Fall General Surgery is to limit narcotic prescriptions to the first week post-op. After that time, lacking objective data to explain continuing abdominal pain, further treatment with narcotics is felt to be unwise and, therefore, further narcotic prescription requests will be denied.

If continued severe pain persists in the absence of objective signs of cause, the patient will be referred to their primary physician for continued pain management. Referral to a regional pain clinic may also be considered.

We are empathetic to any complaints of pain. Because continued use of narcotics may lead to addiction, however, chronic narcotic prescription writing is not a policy of Fall General Surgery.