

**47 - NURSING INTERVENTIONS ON PATIENTS WITH POSTOPERATIVE PAIN:
A LITERATURE REVISION**

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INTRODUCTION

The International Association for the Study of PAIN – IASP (2007, p.1) defined pain as an emotional experience, with unpleasant sensation, associated to real, potential, or so described tissue injury”. Relating to this concept, literature shows that, after surgical intervention, pain is a nearly universal and predictable phenomenon, constituting the main fear of clients expecting to be submitted to this procedure (KAZANOWSKI; LACCETTI, 2005).

Pain relief is an ethical and moral need, as post-surgical analgesia is a fundamental part of patient treatment (VILA; MUSSI, 2001). In this sense, the health staff must comprehend that this symptom's relief directly influences improvements on post-surgical therapeutics, and inadequate treatment can result on unfavorable physical and psychological evaluations such as hypertension and depression (VILA; MUSSI, 2001, PEÓN; DICCINI, 2005).

Furthermore inadequate postoperative pain treatment causes unnecessary suffering to patients, so there is a need for studying this situation (BARROS; LEMONICA, 2003). This is a result of the professionals' lack of knowledge on evaluating pain, effective analgesic doses, drug action time and their collateral effects (VILA; MUSSI, 2001).

In this context, Vila and MUSSI (2001) emphasize that nurses are concerned with improving behavior that can promote the relief of pain and pain-related suffering. It's also been shown that these professionals value pharmacological and alternative therapy, as well as showing a dependence on physicians when prescribing analgesics.

The interest on performing this study originated on knowing the complexity of the pain phenomenon, the importance of adequate treatment as a nursing staff activity and the hardships endured by these professionals in its treatment. We then started from the question: which nursing actions and interventions described in literature are used to relieve postoperative pain? This study's objective is thus to identify in literature the actions and interventions that can be performed by the nursing staff in order to relieve postoperative pain.

We understand that this study concerned itself with identifying in literature treatment procedures for postoperative pain, and is thus invested of importance for a more adequate health and nursing performance in assisting patients in postoperative pain and contributing to lessen their suffering. We also understand that adequate pain management brings improvements in quality of life and improves recovery of patients experiencing this effect.

METHODOLOGY

Responding to the proposed objective, we chose to develop a literature revision, which has the purpose of gathering knowledge on a topic (POLIT; BECK; HUNGLER, 2004).

The research was performed on textbooks and the IREME website, specifically in the BDNF, LILACS, SciELO and MEDLINE databases. In the databases we used as keywords, according to the health sciences descriptors classification (DECS), the terms: postoperative pain, treatment and nursing, on various combinations and in the Portuguese, Spanish, and English languages.

Our inclusion criteria were: full available texts on the theme, published over the last nine years (2000-2009) in Portuguese, Spanish and English. We excluded works which didn't comply with our objectives or only available as abstracts.

The data were collected through the use of a structured form, approaching questions pertinent to the research objective. After collecting the information, the data analysis was made with the intention of allowing health staff members to know forms of postoperative pain relief interventions.

NURSING INTERVENTIONS ON PATIENTS WITH POSTOPERATIVE PAIN

The control of postoperative pain is an essential practice of the health staff, which includes nursing (PEÓN; DICCINI, 2005). Once the nursing staff identifies an acute pain, such as postoperative pain, can thus make use of nursing interventions (NIC). These actions and interventions include the evaluation of etiologic, contributing and precipitating pain factors, of the patient's response, help him explore relief/control methods and promote well-being (RIGOTTI, FERREIRA, 2005).

Still concerning postoperative pain, the principles that guide practices are: the correct drug choice, dosage, infusion system, investigation of possible adverse factors, patient orientation, use of alternative measures and the evaluation of analgesic efficacy (BARRA; NASCIMENTO; BERNARDES, 2006).

It's essential to recall the objectives in pain control: to minimize or diminish the patient's discomfort and inhibit nociceptive reflexes, to easy the recovery process, lowering postoperative morbidity, to effectively treat collateral effects associated with therapy and to make the treatment economically rewarding (CAVALCANTE; TEIXEIRA; FRANCO, 2000).

Regarding the event's management, it's known that therapy must be adequate to each individual according to their needs and fully evaluating these signs. Adequate instruments are needed for this process. These instruments can be unidimensional such as numeric, verbal and analogic visual scales, or multidimensional such as the McGill pain query, which works with pain descriptors (KAZANOWSKI, LACCETTI, 2005).

After an effective evaluation, interventions which promote satisfactory relief must be identified, and among treatments we can consider pharmacological, physiological and alternative strategies. When programming a therapy, more than one of these strategies should be included so satisfactory relief can be obtained, instead of adopting an exclusive and isolated approach, since it will rarely provide full relief (BATISTA; CRUZ; PIMENTA, 2008).

PHARMACOLOGICAL INTERVENTIONS

Pharmacological strategies include the use of non-opioid analgesics, opioids and anesthetics. Physiological measures that involve transcutaneous stimulation, postural changes and the use of acupuncture are also available. Alternative measures include educational orientation, relaxation, guided imagination and others of the client's choice. We emphasize that on

daily practice non-pharmacological techniques are not often applied; it's believed that the association of pharmacological and non-pharmacological actions would result in greater pain relief and suppression (KAZANOWSKI; LACCETTI, 2005, BARRA; NASCIMENTO; BERNARDES, 2006).

On pharmacological pain treatment several drugs can be used with the objective of controlling the algic experience, reducing collateral effects and minimizing costs. Medicine selection is based on the following criteria: pharmacokinetics, pharmacodynamics, tolerance and patient adherence. It's important to not forget that during this selection a growing scale of complexity and costs must be followed (TOMO; RUBBO, 2007).

The most often used pharmacological groups are: opioids, non-steroid anti-inflammatory, (NSAI) and adjuvants. Combined drug administration is common in this therapy, aiming to potentialize analgesic action and minimize collateral effects. Adequate treatment involves the administration of prescribed medicine, considering the duration of the analgesic effect. When medication is prescribed only in the "if needed" type, they are only useful in relieving pain escapes, since the administration of medicine exclusively when the patient refers to pain does not guarantee analgetic effectiveness (BASSANEZI; OLIVEIRA FILHO, 2006, TOMO; RUBBO, 2007).

As previously cited, the use of medicine is a common intervention and vastly employed for pain relief, whether it's light, moderate or intense, with a large available variety. These analgesics can be of central and peripheral action, and according to prescription must be regular and schematic, according to each patient's needs. This scheme must provide the maintenance of the drug's plasmatic level and is available for pain peaks. There are several delivery methods, such as: oral, venous, cutaneous, transdermal and spinal (VALVERDE FILHO; CARVALHO Júnior, 2004, BARRA; NASCIMENTO; BERNARDES, 2006).

Pain can be classified as severe, moderate or light for adequate treatment. Severe pain is usually present on thoracic, cardiovascular, high abdominal, orthopedic and urologic surgery, which moderate pain can be present after low abdominal, gynecologic and otorhinolaringologic surgery. Light pain can be present after small scale surgery such as outpatient surgery (RABASSA et al., 2005).

For treatment of light and moderate pain non-opioids such as paracetamol, salicylates and NSAIs are employed. NSAIs are currently in a prominent position for postoperative pain treatment, as they are the only medications proven to be effective on preemptive analgesy, that is, when administered previously to the surgical wound taking place, they reduce postoperative analgesics consumption (POSSO; ROMANECK, 2004, KAZANOWSKI; LACCETTI, 2005).

When pain is evaluated as moderate and intense, or even when non-opioid treatment doesn't achieve good results, the association of opioids such as codeine, morphine, meperidine and hydromorphone is indicated. The use of NSAIs associated with opioids generally results in effective pain control; opioids are thus essential for postoperative pain treatment. Adjuvant medicine help minimize factors that may cause or intensify pain (LAVINAS, 2004, TOMO; RUBBO, 2007).

Postoperative pain control may involve the use of technology such as peridural catheters and patient-controlled analgetic systems, and peridural catheter analgetics involves the infusion of opioids on the central nerve system. This catheter has two ends, one of which is located in the dura-mater and the other placed externally, in which medicine is administered, flowing past the dura-mater, linking itself with the opioid receptors and producing analgesy (PIMENTA et al., 2001, KAZANOWSKI; LACCETTI, 2005).

As previously mentioned, another technology for postoperative pain control is patient-controlled analgesy (PCA) which uses a programmable pump that can be activated by the client in order to receive an additional dose of analgesics. When surgical patients are involved, it's important to proceed with the orientation on this technique in the preoperative period, as in the postoperative period pain can interfere with learning (PIMENTA et al., 2001, KAZANOWSKI; LACCETTI, 2005).

Still analyzing PCA, according to Vila and Mussi, 2001, nurses consider it to be an essential method for a more comfortable postoperative period; evidence in studies shows that patients that use this technique require less analgesics. It's important to be reminded that this method respects the patients' individuality (BARROS; LEMONICA, 2003, BASSANEZI; OLIVEIRA FILHO, 2006).

NON-PHARMACOLOGICAL INTERVENTIONS

Beyond the previously cited pharmacological interventions, physiological or physical strategies for the treatment of pain also exist. In this type of intervention are included patient manipulation and position change, and can be used in isolation for light pain relief or to assist the treatment of moderate and intense pain. Among these techniques we can cite: position change, cutaneous stimulation, touch, massage, transcutaneous electrical nerve stimulation (TENS), thermal therapy, aromatherapy and acupuncture. It's emphasized that prior to applying these techniques it's important to discuss its use with the patient (KAZANOWSKI; LACCETTI, 2005, SILVA; LEÃO, 2007).

Position change is a simple intervention, which can ease pain reduction, promoting an increase in circulation, muscular relaxation and general comfort (KAZANOWSKI; LACCETTI, 2005).

Another simple strategy is cutaneous stimulation, defined as skin stimulation aiming to relieve pain. Among these techniques the touch is prominent, which can promote calm and ease relaxation since muscle tension is often a causal factor or may increase pain (KAZANOWSKI; LACCETTI, 2005, SILVA; LEÃO, 2007). Nurses use some touch principles and techniques, when doing back massages, holding the patient's hand or massaging the pained area (VILA; MUSSI, 2001).

We emphasize that massage is another cutaneous stimulation strategy, working in pain reduction as it diminishes the pain sensation or contributing with muscle relaxation. On acute pain, such as postoperative, massage has been indicated in order to reduce anxiety or the perception of tension, that is, producing physiological relaxation (KAZANOWSKI. LACCETTI, 2005, SILVA; LEÃO, 2007).

TENS is a resource used often in pain relief and can be employed in the hospital postoperative routine as a supporting strategy for traditional therapy. This technique is based on Melzack and Wall's gate theory, and involves the emission of a light electrical current through the skin into the superficial nerves in the area near the pain's location. With electrical stimulation of the afferent discriminative nerve fibers the suppressing pain system is activated, providing analgesis and improving circulation. Furthermore, this technique can lessen postoperative stress when other factors are also controlled reducing hospitalization time by up to 30% (TONELLA; ARAÚJO; SILVA, 2006; SILVA; LEÃO, 2007).

The application of heat and cold can also be used as a form of cutaneous stimulation, and the sensation of cold causes a kind of short circuit in the gate control mechanics, while the application of heat promotes muscle relaxation and a comfort sensation. The alternance of cold and heat is indicated when a greater analgesic effect is sought (BRUNNER; SUDARTH, 2005, KAZANOWSKI; LACCETTI, 2005, SILVA; LEÃO, 2007).

Aromatherapy can be used in hospitals and makes use of aromas obtained from essential oils in order to promote relaxation and relieve symptoms such as pain, and can be applied by itself or associated with massage techniques. This therapy has been garnering attention from many researchers and is extensively used by nursing in Switzerland, Germany, Australia,

Canada, the United Kingdom and USA (KAZANOWSKI; LACCETTI, 2005, SILVA; LEÃO, 2007).

Acupuncture is a physiological technique which consists on the insertion of thin needles into points in the skin known as energy points. After the insertion of needles, pain balance and relief is promoted. A specialist's participation is necessary (SILVA; LEÃO, 2007). In this sense, acupuncture has been widely used in pain relief and literature suggests its use for the immediate postoperative analgesia if video laparoscopy, as well as other abdominal-pelvic surgeries. It's also justified as a simple, low cost treatment whose effectiveness is scientifically proven in medical literature (BORMOREMA; LUNA; BABINSKI, 2008).

As previously mentioned, for postoperative pain treatment, alternative or cognitive-behavioral techniques are also available. Relaxation is one of them. In fact, it's a psycho-physiological process of integrative character, in which the psychic and physical portions interact as parts of one process, assisting with the reduction of physical and emotional tension, as well as promoting the liberation of endorphins. On elective surgeries, the moment when the nurse is collecting data is a fitting time for providing the patient with orientation on relaxation techniques, increasing their use and effectiveness in the postoperative period (KAZANOWSKI; LACCETTI, 2005, SILVA; LEÃO, 2007).

Another cognitive-behavioral technique is guided imagination, which involves the use of mental images for pain relief and control, being described since primitive medicine in China, India and Egypt. Imagination can be used for distraction, relaxation and the production of a pain relief image (KAZANOWSKI; LACCETTI, 2005, SILVA; LEÃO, 2007).

Furthermore, hypnosis can be applied, since literature shows it's been successfully used in pain relief. There is also musical therapy, which evidence finds can lead to relaxation, moderate emotions, resulting on pain relief. Both used techniques are of alternative or cognitive-behavioral character (BRUNNER; SUDARTH, 2005, KAZANOWSKI; LACCETTI, 2005).

For postoperative pain control to be effective, a multimodal approach is necessary, using two or more techniques, with the object of blocking the generation, transmission and perception of the pain stimuli in the different levels of the central and peripheral nerve system. It's important to remember that postoperative and physical-pathologic question, as it involves ethical, humanitarian and economical reasons (PIMENTA et al., 2001, BARRA; NASCIMENTO; BERNARDES, 2006).

CONCLUSION

We have identified during this research that countless methods of intervention for relieving postoperative patient pain are available in literature to the nursing team. Among these we can cite PCA, TENS, massage, thermal therapy, acupuncture, relaxation techniques, as well as analgesic drugs. It's important to stress that in order to obtain satisfactory pain relief it's necessary to adopt more than one of these interventions, and to always remember each patient's individuality in this choice process.

KEYWORDS: postoperative pain, treatment, nursing

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NURSING INTERVENTIONS ON PATIENTS WITH POSTOPERATIVE PAIN: A LITERATURE REVISION

ABSTRACT

Introduction: although postoperative pain is experienced by thousands of people around the world every day, it's only effectively relieved on 30% to 50% of the patients. Because inadequate treatment for postoperative pain can cause unnecessary suffering to patients suffering from it, this is a subject that must be studied. Objective: to identify in literature the actions and interventions that can be performed by the nursing staff in order to relieve postoperative pain. Methodology: the research was performed on textbooks and in the BIREME website, and the inclusion criteria consisted of full texts on the selected theme, published from 2000 to 2009 in Portuguese, Spanish and English. Discussion: nursing interventions on patients suffering from postoperative pain can be pharmacological and non-pharmacological. When programming therapy, more than one of these strategies must be included so satisfactory relief can be achieved. Conclusion: We identified in this research that countless intervention methods are available for the nursing staff to relieve postoperative pain. It's important to emphasize that each intervention must be adequate to each particular individual and his or her needs.

KEYWORDS: postoperative pain, treatment, nursing

INTERVENTIONS DES INFIRMIERS DANS LE CAS DU PATIENT EN PROIE À DES DOULEURS POST-OPÉRATOIRES : UNE RÉVISION DE LA LITTÉRATURE

RÉSUMÉ

Introduction : La douleur post-opératoire est la réalité quotidienne de milliers de personnes dans le monde entier. Elle n'est cependant soulagée de manière effective que chez moins de 30 % à 50 % des patients. En ce sens, le traitement inapproprié de la douleur au post-opératoire peut occasionner chez les patients une souffrance dont on ne voit aucunement la nécessité, ce qui justifie d'ailleurs largement l'étude de ce phénomène. Objectif : Vérifier dans la littérature les actions et les interventions qui peuvent être réalisées par l'équipe des infirmiers afin de soulager la douleur post-opératoire. Méthodologie : Notre recherche a été effectuée dans des ouvrages de référence ainsi que sur le site BIREME. Ont été adoptés comme critères d'inclusion des textes consacrés à cette question et disponibles dans leur totalité, publiés entre 2000 et 2009 en portugais, en espagnol et en anglais. Discussion : Les interventions opérées par les infirmiers sur les patients en proie à des douleurs post-opératoires peuvent être pharmacologiques et non pharmacologiques. Lorsqu'on prévoit une thérapie, on doit compter sur différentes stratégies, afin d'obtenir un soulagement satisfaisant. Conclusion : Nous avons vérifié, tout au long de notre recherche, que de nombreuses méthodes d'intervention visant à soulager la douleur du patient au post-opératoire sont proposées aux infirmiers par la littérature consacrée à cette question. Il convient par ailleurs de souligner que chacune de ces interventions doit être appropriée à chaque individu, en fonction de ses besoins particuliers.

MOTS CLÉS: Douleur post-opératoire, Traitement, Soins donnés par les Infirmiers.

INTERVENCIONES DE ENFERMERÍA PARA PACIENTES CON DOLOR POST-OPERATORIO: UNA REVISIÓN DE LA LITERATURA

RESUMEN

Introducción: Aunque el dolor postoperatorio que experimentan miles de personas en todo el mundo cada día, esto es efectivamente aliviado en menos de 30% a 50% de los pacientes. En este sentido, el tratamiento inadecuado del dolor después de la cirugía pueden causar sufrimientos innecesarios a los pacientes que lo experimentan, y por lo tanto hay una necesidad de estudiar este fenómeno. Objetivo: Identificar en la literatura, las acciones y las intervenciones que pueden ser realizadas por el personal de enfermería para aliviar el dolor postoperatorio. Metodología: La encuesta fue realizada en los libros de texto y el sitio BIREME, y adoptado como criterios de inclusión disponibles en texto completo sobre el tema, publicados entre 2000 y 2009 en portugués, español e Inglés. Discusión: intervenciones de enfermería para pacientes con dolor postoperatorio puede ser farmacológico y no farmacológico. Cuando se programa un tratamiento debe incluir más de una de estas estrategias con el fin de obtener un alivio satisfactorio. Conclusión: hemos identificado en esta investigación, que están disponibles en la literatura para el personal de enfermería, muchos métodos de intervención para aliviar el dolor de la paciente en el postoperatorio. Cabe señalar que cada intervención debe adaptarse a cada individuo y de acuerdo a sus necesidades.

PALABRAS CLAVE: DOLOR POSTOPERATORIO, TRATAMIENTO, ENFERMERÍA.

INTERVENÇÕES DE ENFERMAGEM AO PACIENTE COM DOR PÓS-OPERATÓRIA: UMA REVISÃO DA LITERATURA

RESUMO

Introdução: apesar da dor pós-operatória ser vivenciada por milhares de pessoas ao redor do mundo a cada dia, esta é efetivamente aliviada em menos de 30% a 50% dos pacientes. Neste sentido, o tratamento inadequado da dor no pós-operatório pode causar sofrimento desnecessário aos pacientes que a experimentam e por isso existe a necessidade de se estudar esse fenômeno. Objetivo: identificar na literatura as ações e intervenções que podem ser realizados pela equipe de enfermagem para aliviar a dor pós-operatória. Metodologia: a pesquisa foi realizada em livros texto e no site BIREME, e foram adotados como critérios de inclusão textos disponíveis na íntegra sobre a temática, publicados entre 2000 e 2009 em português, espanhol e inglês. Discussão: as intervenções de enfermagem ao paciente com dor pós-operatória podem ser farmacológicas e não farmacológicas. Ao se programar uma terapia deve-se incluir mais de uma dessas estratégias para que se obtenha um alívio satisfatório. Conclusão: identificamos no decorrer desta pesquisa que estão disponíveis na literatura, para a equipe de enfermagem, inúmeros métodos de intervenção para aliviar a dor do paciente no pós-operatório. É válido ressaltar que cada intervenção deve ser adequada a cada indivíduo e de acordo com as suas necessidades.

PALAVRAS CHAVE: Dor pós-operatória, Tratamento, Enfermagem

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