At this point Doug has had surgery. He has had a relatively simple enterotomy in the sense that he didn't have sick bowel that needed to be removed, the foreign body was found and it was able to be removed. But a relatively simple enterotomy is a still major abdominal surgery. And there is no question in my mind that this dog is going to be painful. We are obligated to deal with the pain that is caused by the surgery that we performed.

So then we have to consider what's the best way to manage his pain. There are several considerations that come up. We think about the route by which we can administer drugs, so while we have the dog in the hospital it's easy to choose injectable medications, and we can give those. Once we have a dog that we're sending home, we have to think about alternate ways to give medications - either pills or liquids that the owner can give, or we sometimes use patches that deliver pain medication over a period of time. A fentanyl patch is one of the more common ways that we do that. One of things we have to consider is the logistics of giving the medication to the dog.

The other thing that we have to consider is the categories of pain medications that we have available to us. There are two major categories that we talk about the most: opiates, (narcotics) or non-steroidal anti-inflammatories. Now I am a big believer in non-steroidal anti-inflammarories, because they chemically reduce the actual molecules that are causing pain. Opiates just tell your brain that you're not that painful or that you don't really care. So I'm a big believer in non-steroidals except for patients who have gastrointestinal problems or kidney problems. Those, to me, are pretty strong contraindications to the use of non-steroidals. Doug has just had the surgery on his intestine, so non-steroidals are out. I am not going to choose that medication for this dog. So that moves me into the class of opiates. And while he's in the hospital, again, I would probably choose an injectable opiate because I can give it as needed, he'll have a rapid response to it, I can up-titrate the dose - meaning increase the dose if he seems more painful - or lower the dose that his next treatment time, if he seems more comfortable.

But I am hoping to send the dog home soon and in two to three days from now I think he still is going to be uncomfortable. So as I start injectable opiates now, I am planning ahead to what I am going to give him by mouth or by transdermal application that he can go home with.

To make an appropriate pain management decision, it's important to understand what drugs are available, how they work, and what their potential side effects or contraindications are. Again, the big categories of drugs, you can know those kinds of things off the top of your head. For the category of non-steroidals you can know about gastrointestinal and renal compromise. For the category of opiates you can know about central nervous system depression, and some patients being made nauseous or developing constipation.
The next thing you have to do is you have to know where to look it up. Once you've made a decision about a particular class - you made decision to use opiates - you have to choose a particular opiate and you can go to look up how long it will last or what the dose is. So I think the fundamental knowledge that students need to have is the understanding of the mechanism of action of the drug class, knowing that the specific information about dose or duration of action is available in books.