BREAKING THE SILENCE OF PAIN: ESTABLISHING AN ACUTE PAIN SERVICE AT GHANA'S PREMIER TEACHING HOSPITAL

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BACKGROUND

Acute pain remains a significant and distressing challenge for surgical patients, particularly in low- and middle-income countries, where perioperative pain management systems are often underdeveloped. In high-income settings, Acute Pain Services are well-established multidisciplinary frameworks that use evidence-based protocols, patient-controlled analgesia, regional techniques, and standardized assessment tools to deliver consistent and effective pain relief. These services have been shown to reduce complications, shorten hospital stay, and improve patient satisfaction.

Effective acute pain management is not only a comfort measure but also a core component of safe perioperative care. Poorly controlled postoperative pain can delay mobilization, reduce respiratory effort, increase the risk of complications, prolong recovery, and negatively influence the overall patient experience. In resource-constrained settings, these consequences may be even more pronounced because limited staffing, delayed recognition of pain, and inconsistent access to analgesic options can further compromise outcomes.

CURRENT PRACTICE AND CHALLENGES

At Korle-Bu Teaching Hospital, Ghana's largest tertiary hospital with over 18,000 surgeries annually, acute pain management is currently fragmented. There are no standardized protocols, patient education is limited, and the existing pain clinic focuses mainly on chronic pain management. Key barriers include inadequate staffing, insufficient training, lack of essential drugs and equipment, cultural misconceptions, low health literacy, absence of national pain management policies, and limited funding support.

In many surgical units, pain assessment is not yet approached as a structured clinical priority with clearly defined documentation standards, escalation pathways, and multidisciplinary accountability. As a result, management decisions may depend heavily on individual clinician preference rather than on uniform protocols. This can lead to variation in prescribing practices, inconsistent reassessment, and missed opportunities for early intervention in patients with moderate to severe postoperative pain.

Another important challenge is the limited institutional infrastructure needed to support a formal Acute Pain Service. The absence of dedicated personnel, routine audit systems, standardized pain scoring tools, and coordinated follow-up mechanisms makes it difficult to monitor quality and measure outcomes over time. In addition, patient beliefs about pain, fears around analgesic medications, and communication barriers may reduce reporting of pain symptoms, leading to undertreatment and avoidable suffering.

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RECOMMENDATIONS

To address these gaps, pain medicine should be integrated into medical and nursing curricula, hospital-wide acute pain protocols should be developed, and culturally sensitive patient education should be strengthened. A phased implementation strategy, beginning with a pilot Acute Pain Service in one surgical specialty, can provide proof of concept and support later expansion across departments. Dedicated funding and national policy support will be essential for long-term sustainability.

A sustainable Acute Pain Service should be built on multidisciplinary collaboration involving anaesthesiologists, surgeons, nurses, pharmacists, hospital administrators, and educators. Clear pain assessment tools, regular staff training, simple treatment algorithms, and routine audit indicators should be introduced to promote consistency and accountability. Establishing measurable quality indicators, such as pain score documentation rates, time to analgesia, and patient satisfaction, will help track progress, guide quality improvement, and strengthen the case for long-term institutional support.

CONCLUSION

Korle-Bu Teaching Hospital is well-positioned to pioneer Ghana's first Acute Pain Service. Despite resource constraints, a committed phased approach could substantially improve perioperative pain outcomes, enhance patient dignity and safety, and establish a regional benchmark for sustainable pain management in low- and middle-income countries. Collaboration with development partners and philanthropic organizations will be important to achieving this vision.

References

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