

MULTIMODAL ANALGESIA: WIDELY ENDORSED, INCONSISTENTLY IMPLEMENTED?

Avancha Chinmayee Sai Sathya¹, Kajal R Shetty² Borra Hema¹

¹ Postgraduate Student,
Department Of Anesthesia & Operation Theatre Technology, Kasturba Medical College, Manipal
Academy of Higher Education, Mangalore

² Assistant Professor,
Department Of Anesthesia & Operation Theatre Technology, Kasturba Medical College, Manipal
Academy of Higher Education, Mangalore
Email ID : kajal.shetty@manipal.edu

Research Domain: Health Science

Type of the Article: Letter to Editor

Type of Review/ Peer-Reviewers: Peer Reviewed by Asst. Professor: Dr. Senthil kumar.

Indexed in: OpenAIRE.

DOI: [10.66159/IJAHS.2025.1305](https://doi.org/10.66159/IJAHS.2025.1305)

Received on: 20/11/2025

Published on: 27/12/2025

How to Cite this Paper:

Avancha Chinmayee Sai Sathya, Kajal R Shetty, & Borra Hema. (2025). MULTIMODAL ANALGESIA: WIDELY ENDORSED, INCONSISTENTLY IMPLEMENTED?. In INDIAN JOURNAL OF ALLIED HEALTH SCIENCE (Vol. 1, Number 3).

© With Author. This work is licensed under a Creative Commons Attribution-Non-Commercial 4.0 International License, provided that proper citation is given to the source of the publication.

Disclaimer: The scholarly papers reviewed and published by IJAHS Publications, Tamil Nadu, India, represent the views and opinions of their respective authors and do not reflect the official views or opinions of the IJAHS. The IJAHS disclaims any liability for harm or loss arising from the published content to any party.

TO THE EDITOR,

Multimodal analgesia (MMA) has been widely recommended and regarded for many years as the foundation of contemporary perioperative pain management strategies [1,2]. The goal of using MMA has been to enhance the efficiency of pain management while simultaneously lessening the adverse effects associated with opioid use [1,3,4]. Several major professional organizations, including the American Pain Society, the American Society of Regional Anaesthesia and Pain Medicine, and the American Society of Anaesthesiologists, have provided firm guidelines endorsing MMA as a standard of care rather than merely an adjunct to other analgesic methods [1].

This approach is further supported by Enhanced Recovery After Surgery (ERAS) protocols, which represent an established best practice in perioperative management, emphasizing the role of MMA in accelerating functional recovery and reducing the duration of surgical hospitalization [2,3]. ERAS principles have been widely disseminated through educational programmes, scientific meetings, and institutional implementation initiatives, reinforcing the importance of MMA in contemporary anaesthesia practice [3].

The principle of MMA is based on the concept of utilizing multiple analgesic pathways to maximize synergistic analgesic effects by combining agents with different mechanisms of action [3,4]. This strategy enables the use of lower doses of individual drugs, thereby improving analgesic efficacy while enhancing the overall safety profile [3,4].

The addition of regional anaesthesia to multimodal analgesic regimens further increases analgesic effectiveness and facilitates early mobilization, as demonstrated in the existing literature linking MMA with regional anaesthesia techniques [1,5]. Nevertheless, despite considerable efforts to establish strong evidence-based frameworks, the translation of MMA into routine clinical practice has remained inconsistent [2,5]. Quality improvement projects conducted in anaesthesia departments have demonstrated suboptimal utilization of MMA in adult surgical practice, highlighting the need for targeted strategies to improve adherence [6].

This shift suggests that the primary barrier has moved from a lack of evidence to challenges in system-wide implementation, including the absence of standardized order sets and limited multidisciplinary collaboration [1,4,6]. Greater emphasis on institutional protocols, regular auditing, and a coordinated multidisciplinary approach may be required to bridge this implementation gap [2,6]. If this gap continues to be overlooked, advances in multimodal analgesic strategies may remain confined to academic literature rather than translating into tangible benefits for patients in operating theatres [1,4,6].

REFERENCES:

1. Chou R, Gordon DB, de Leon-Casasola OA, Rosenberg JM, Bickler S, Brennan T, Carter T, Cassidy CL, Chittenden EH, Degenhardt E, Griffith S. Management of Postoperative Pain: a clinical practice guideline from the American pain society, the American Society of Regional Anesthesia and Pain Medicine, and the American Society of Anesthesiologists' committee on regional anesthesia, executive committee, and administrative council. *The journal of pain*. 2016 Feb 1;17(2):131-57.
2. Ljungqvist O, Scott M, Fearon KC. Enhanced recovery after surgery: a review. *JAMA surgery*. 2017 Mar 1;152(3):292-8.
3. Wick EC, Grant MC, Wu CL. Postoperative multimodal analgesia pain management with nonopioid analgesics and techniques: a review. *JAMA surgery*. 2017 Jul 1;152(7):691-7.
4. Buvanendran A, Kroin JS. Multimodal analgesia for controlling acute postoperative pain. *Current opinion in Anesthesiology*. 2009 Oct 1;22(5):588-93.
5. Tornero CT, Rodríguez LF, Valls JO. Multimodal analgesia and regional anaesthesia. *Revista Española de Anestesiología y Reanimación (English Edition)*. 2017 Aug 1;64(7):401-5.
6. Olmos AV, Steen S, Boscardin CK, Chang JM, Manahan G, Little AR, Lee MC, Liu LL. Increasing the use of multimodal analgesia during adult surgery in a tertiary academic anaesthesia department. *BMJ Open Quality*. 2021 Jul 19;10(3).