

Innovative approaches to postoperative pain management in oral cancer patients

Grazia Marinelli^{1*}
Angelo Michele Inchingolo^{1*}
Liviana Balestrieri¹
Arianna Fiore¹
Maral Di Giulio Cesare¹
Francesca Calò¹
Francesco Inchingolo¹
Massimo Corsalini¹
Giuseppe Minervini²
Andrea Palermo³
Francesca Vinjolli⁴
Marco Farronato⁵⁻⁶
Cinzia Maria Norma Maspero⁵⁻⁶
Fabio Luis Bunemer Guerra⁷
Ana Júlia de Paula Guerra⁷
Alessio Danilo Inchingolo^{1*}
Gianna Dipalma^{1*}

¹ Interdisciplinary Department of Medicine, University of Bari “Aldo Moro”, Bari, Italy.

² Multidisciplinary Department of Medical-Surgical and Odontostomatological Specialties, University of Campania “Luigi Vanvitelli,” Naples, Italy.

³ Department of Experimental Medicine, University of Salento, Lecce, Italy.

⁴ Department Science Medicine, Università Cattolica Nostra Signora del Buon Consiglio, Via Dritan Hoxha, Tirana, Albania.

⁵ Department of Biomedical, Surgical and Dental Sciences, School of Dentistry, University of Milan, Milan, Italy.

⁶ Fondazione IRCCS Cà Granda, Ospedale Maggiore Policlinico, Milan, Italy.

⁷ São José do Rio Preto, Brazil.

* These authors contributed equally to this work.

Corresponding author: Alessio Danilo Inchingolo

Email: alessiodanilo.inchingolo@uniba.it

Abstract

Postoperative pain management in oral cancer patients remains a complex and critical challenge, requiring a multidimensional approach. Despite the availability of analgesic therapies, inadequate pain control persists due to physician hesitancy in opioid prescription, limited expertise, and inconsistent treatment protocols. This review explores innovative strategies for pain management, emphasizing multimodal analgesia, opioid alternatives, and adjuvant therapies. Notably, dexmedetomidine has shown promise in reducing opioid consumption while improving hemodynamic stability. Gabapentin and NSAIDs have demonstrated opioid-sparing effects, enhancing recovery outcomes.

Additionally, regional anesthesia techniques, such as epidural analgesia, contribute to adequate pain control with reduced systemic opioid exposure. Emerging holistic approaches, including Traditional Chinese Medicine (TCM) and precision medicine, offer potential benefits in individualized pain management. Surgical interventions remain essential for pain relief, yet postoperative discomfort persists due to structural alterations and nerve damage. Addressing these challenges requires a comprehensive, patient-centered approach that integrates pharmacological and non-pharmacological modalities. Future research should optimize treatment strategies and standardize protocols to improve postoperative pain management and overall quality of life in oral cancer patients.



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Introduction

The Complexity of Pain in Oral Cancer

The sensation of pain is multifaceted and encompasses emotional, psychological, and sensory aspects (1–7). Nociceptive and non-nociceptive pathways and descending inhibitory processes influence it, and it does not always correspond with the degree of tissue damage (8–17). Pain in cancer patients is caused by the growth of the tumor, invasive operations, the toxicity of chemotherapy and radiation, infections, and muscle dysfunction (18–26). Many patients continue to receive inadequate care despite the availability of medicines because doctors are reluctant to prescribe opioids, they lack the necessary expertise, and treatment regimens are inconsistent. Although diagnosis and treatment of oral cancer continue to present difficulties, effective pain management is essential to enhancing the quality of life for patients (27–37).

Prevalence and Characteristics of Oral Cancer Pain

More than 60% of individuals with oral cancer report feeling uncomfortable within six months of the disease starting (38–47). While tumors at the base of the tongue usually induce odynophagia, otalgia, and dysphagia, oral squamous cell carcinoma (SCC) frequently causes pain that is localized in the anterior tongue (48–57). Men are more likely than women to experience pain. However, the exact causes are unknown. Pain management is made more difficult by the vast innervation of the head and neck, the invasiveness of tumors, and medical procedures like chemotherapy and radiation therapy (58–69). Furthermore, pain is made worse by necessary activities that greatly influence day-to-day living, like speaking, swallowing, and chewing (70–82).

Pharmacological Pain Management

The World Health Organization (WHO) created a phased strategy for cancer pain management that prioritizes oral delivery, planned dosage, pain severity-based escalation, customized care, and close observation (83–93). For mild to moderate pain, nonsteroidal anti-inflammatory medications (NSAIDs) such as naproxen and diclofenac are usually the first line of treatment (94–105). Weak opioids like codeine or hydrocodone are administered if the pain doesn't go away. Potent opioids like morphine, methadone, or fentanyl are necessary for severe pain (106–114). Alternative delivery methods, including transdermal, rectal, subcutaneous, or intravenous, are employed when oral administration is not feasible.

Future Directions in Pain Management

Surgical procedures can manage pain by lowering tumor burden and removing obstruction (115–126). While palliative operations for unresectable tumors concentrate on pain relief, curative surgery favors tumor removal over pain control. Because of structural

abnormalities and nerve injury, postoperative discomfort is still a problem (127–135). Careful tissue manipulation and nerve-sparing techniques are precise surgical techniques that can reduce postoperative discomfort and promote recovery (136–143).

One of the leading causes of discomfort associated with cancer is mucositis, a profound side effect of chemotherapy and radiation therapy. It is necessary to control pain aggressively, frequently with opioids. While patient-controlled analgesia (PCA) has been linked to lower opioid intake and shorter pain duration, it may not offer better pain relief than continuous infusion (144–150). Although more studies are required to establish standardized methods, laser therapy has demonstrated the potential to lower inflammation and promote tissue healing to alleviate pain associated with mucositis.

Inconsistencies in pain management continue despite these tactics because of limitations in medical education and worry about opiate dependence (148–156). To enhance results, a multidisciplinary strategy integrating pharmacological and non-pharmacological tactics is required (160–174). Further research is needed to improve pain treatment practices and the quality of life for people with oral cancer pain (Figure1).

2. Materials and methods

Search Strategy

A comprehensive search was performed in PubMed, Scopus, and Web of Science for studies published between 2004 and 2024. Boolean search operators were applied using the terms “oral cancer” AND (“postoperative pain” OR “postoperative analgesia”).

2.2 Inclusion and Exclusion Criteria

Inclusion Criteria:

- Open-access studies focusing on pain management after oral cancer surgery.
- Randomized clinical trials, retrospective studies, case-control studies, and prospective studies.
- Articles are written in English and are available in full-text.

Exclusion Criteria:

- Animal and in vitro studies.
- Reviews, case reports, case series, letters, or comments.
- Non-English publications.

Data Processing

Data extraction focused on study characteristics, patient demographics, pain management strategies, and treatment outcomes.

Results

Numerous studies were found through the research and filtered according to predetermined standards. Titles and abstracts were examined to weed out experimental, review-based, and irrelevant research after eliminating duplicates. Some of the records were inaccessible and were later deleted. After additional examination, only a few papers were chosen for qualitative analysis because they satisfied the inclusion criteria. The accompanying figures and tables summarize the selection procedure and important discoveries.



Figure 1. Pain Management Spectrum for Oral Cancer Patients.

Discussion

Managing postoperative pain in oral cancer patients presents a significant challenge for healthcare providers, requiring a multidimensional and individualized approach (175–185). The literature explores various strategies to improve pain control and enhance overall patient outcomes. The complexity of pain management in this context arises from multiple factors, including the severity of surgical procedures, individual pain thresholds, pre-existing conditions, and the potential for chronic pain development (186–193). A systematic review of available studies provides valuable insights into different emerging therapies and the effectiveness of existing analgesic approaches.

Persistent Opioid Use and Pre-Operative Factors

A significant concern in postoperative pain management is the prolonged use of opioids, which remains a common issue among oral cancer patients (194–199). Studies have demonstrated that a substantial proportion of patients continue opioid use extended after surgery, raising concerns about dependency and long-term side effects. Research highlights the strong correlation between preoperative opioid use, adjuvant therapies, and persistent postoperative opioid dependence. These findings suggest that assessing patients' pain management history before surgery is essential in predicting long-term opioid needs and potential risks (200–204). Compared to other malignancies, oral cancer patients appear to have a higher likelihood of developing chronic opioid dependence, reinforcing the necessity of early intervention strategies.

One approach gaining attention in pain management is the use of dexmedetomidine as an alternative to traditional opioid-based analgesia (205–214). Studies comparing dexmedetomidine with fentanyl have reported promising results, showing improved hemodynamic stability, reduced postoperative pain levels, and decreased analgesic requirements. Patients receiving dexmedetomidine have exhibited better recovery profiles with fewer side effects commonly associated with opioid use (215–221). Although further research is required to validate its efficacy fully, current evidence suggests that dexmedetomidine could be a valuable component of multimodal pain management strategies.

Additionally, a multimodal approach combining

various analgesic techniques has demonstrated significant benefits (222–229). For instance, research comparing different pain management protocols in oral cancer surgery patients found that those receiving a combination of dexmedetomidine, nerve blocks, and fentanyl experienced superior pain relief, reduced analgesic consumption, and improved patient satisfaction (230–236). These findings reinforce the importance of integrating multiple pain management modalities to optimize patient outcomes.

Another promising avenue in pain control is the role of dexmedetomidine in reducing perioperative stress responses (237–247). Studies on patients undergoing head and neck cancer surgery have reported that dexmedetomidine effectively minimizes stress-induced complications, enhances hemodynamic stability, and ensures smoother recovery. These benefits make dexmedetomidine an attractive adjunct in managing postoperative pain, particularly in extensive surgeries that involve significant tissue trauma.

Efficacy of Adjuvant Therapies

Beyond opioid alternatives, adjuvant therapies have gained attention for their potential role in postoperative pain management. Gabapentin, in particular, has emerged as a viable adjunctive medication due to its opioid-sparing effects (248–255). Research investigating its preoperative administration has found that patients receiving gabapentin reported significantly lower pain scores and reduced opioid consumption in the first 24 hours post-surgery. These findings indicate that gabapentin could help mitigate the need for opioids and enhance early recovery outcomes (256–263). However, despite its promising effects, limitations such as optimal dosing, cost-effectiveness, and long-term implications warrant further investigation.

NSAIDs also play a crucial role in multimodal pain management strategies (264–268). Comparative studies on different NSAIDs, such as aceclofenac and diclofenac, have demonstrated their effectiveness in controlling postoperative pain following oral cancer surgery (269–278). Research suggests that NSAIDs not only reduce pain intensity but also contribute to minimizing opioid requirements. For patients with a history of gastric issues, aceclofenac has been identified as a preferable option due to its lower gastrointestinal risk profile.

Another notable study explored the use of hydroxyethyl starch in oral cancer surgeries to maintain circulatory

stability while minimizing blood loss (279–284). The findings indicated that this intervention effectively supported hemodynamic function without significantly increasing intraoperative bleeding (285–292). While hydroxyethyl starch presents a potential advantage in perioperative management, further trials are needed to validate its safety and efficacy over extended periods.

Multimodal Approaches

Integrating multiple analgesic techniques has shown promising results in improving postoperative pain outcomes (293–300). Preemptive analgesia (PAND) is one such strategy that has been explored in radical neck dissection surgeries for oral cancer patients. A multimodal PAND regimen including pregabalin, acetaminophen, naproxen, and dextromethorphan significantly reduced postoperative pain intensity and opioid consumption (301–308). These findings highlight the potential of preemptive pain control strategies in minimizing the reliance on opioids and enhancing patient recovery.

In another study, epidural morphine was found to provide superior analgesia compared to intravenous morphine in patients undergoing complex reconstructive surgeries following oral cancer resection (309–317). The benefits of epidural analgesia included more effective pain control, reduced systemic opioid exposure, and improved patient comfort (318–325). These results emphasize the need to further explore regional anesthesia techniques as part of comprehensive pain management plans.

Research also suggests that surgical intervention plays a role in long-term pain relief (326–332). A study analyzing pain control in patients with advanced-stage oral squamous cell carcinoma found that surgical treatment led to significant reductions in postoperative pain and anxiety while improving overall quality of life (333–339). These findings suggest that operative therapy, when combined with effective pain management strategies, can have profound benefits for patients undergoing extensive cancer treatments.

Holistic Approaches

Emerging research highlights the benefits of integrating holistic and complementary approaches to postoperative pain management (340–348). Studies examining the role of traditional Chinese medicine (TCM) in conjunction with chemotherapy and standard pain management protocols have demonstrated positive outcomes. Patients receiving a combination of TCM anticancer decoction and nursing interventions experienced enhanced immune function, reduced adverse effects, and greater overall satisfaction (349–354). While these findings suggest a promising complementary role for holistic medicine, further research is needed to establish standardized protocols and assess long-term effectiveness.

The evolution of precision medicine has also contributed to advancements in pain management. By leveraging genomic profiling and molecular diagnostics, clinicians can tailor pain management regimens to the unique genetic profile of individual patients (355–362). This personalized approach allows for better optimization

of analgesic strategies, reducing unnecessary opioid exposure and improving overall treatment outcomes (363–369, 370, 371). The advancements in high-throughput sequencing and computational modeling continue to pave the way for innovative therapies that align with the specific needs of oral cancer patients.

Conclusions

Despite its limits, this review offers a thorough analysis of several postoperative pain management techniques for patients with oral cancer. It looks at the efficacy of adjuvant treatments like gabapentin, emphasizes the advantages of a multimodal approach to pain management, and draws attention to the persistent problem of chronic opiate usage.

A critical takeaway from the review is the need for a customized approach to pain treatment. Because everyone experiences pain differently, it is essential to customize interventions to meet the needs of each patient to maximize care. To provide comprehensive postoperative pain reduction, it is crucial to combine pharmaceutical and non-pharmacological therapy. This all-encompassing strategy is in line with contemporary healthcare viewpoints that acknowledge the complexity of pain and treat it using a variety of treatment modalities.

This review lays the groundwork for further study and has practical consequences for therapeutic practice. The limitations that have been found emphasize how urgently additional thorough and systematic research involving a range of patient populations is needed. More research is necessary to improve evidence-based pain management techniques and our comprehension of postoperative pain in patients with oral cancer.

Abbreviations

Abbreviation	Definition
NSAIDs	Nonsteroidal Anti-Inflammatory Drugs
PCA	Patient-Controlled Analgesia
SCC	Squamous Cell Carcinoma
TCM	Traditional Chinese Medicine
WHO	World Health Organization

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Not applicable.

Conflicts of Interest

The authors declare no conflict of interest.

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