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Massage Helps Ease Postoperative Pain

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ANN ARBOR, Mich., Dec. 17
 -- Massage therapy can
 augment opioids to relieve
 postoperative pain after major
 surgery, according to a
 randomized trial here.



Massage significantly
 decreased short-term pain
 intensity ($P=0.001$), pain
 unpleasantness ($P=0.001$), and
 anxiety ($P=0.007$) in a study
 of veterans who had thoracic
 or abdominal procedures,
 reported Allison R. Mitchinson, M.P.H., of the VA Ann Arbor
 Healthcare System, and colleagues in the *Archives of Surgery*.

Additionally, massage therapy led to a faster decline in pain intensity
 ($P=0.02$) and unpleasantness ($P=0.01$) in the first four days following
 surgery than did routine care.

Action Points

- Explain to interested patients that this study found that massage therapy is a safe and effective adjunctive treatment for postoperative pain.
- Point out that almost all of the participants in this study were older men and that care should be used when extrapolating these findings to other patient groups.

"Pain can affect physical functioning, including the ability to cough and breathe deeply, move, sleep, and perform self-care activities," the authors wrote. "This may contribute to unintended and serious postoperative complications. Furthermore, ineffective pain relief may result in significant psychological distress."

"Pain is often undertreated owing to patient and clinician barriers," Mitchinson and colleagues wrote, including fear of drug dependency and side effects, a feeling that pain should just be accepted, and ineffective dosing based on biases of health care providers.

The researchers recruited 605 veterans (mean age, 64; 98.5% men) admitted to VA hospitals in Ann Arbor and Indianapolis from Feb. 1, 2003 through Jan. 31, 2005 for thoracic or abdominal surgery.

The participants were randomized to routine care only, individualized attention from a massage therapist (but no massage) for up to 20 minutes plus routine care, or back massage by a massage therapist every evening for up to 20 minutes plus routine care. Data were collected through five postoperative days every morning and pre- and post-intervention.

Daily opioid use did not differ between the three groups.

The groups did not differ in preoperative pain intensity, unpleasantness, state and trait anxiety, or postoperative day-one pain intensity or unpleasantness.

The researchers found significant improvement from pre- to post-intervention in daily mean short-term changes for pain intensity, pain unpleasantness, and anxiety in all three groups. However, the massage group showed significantly greater improvement than the two other groups:

- For pain intensity, the massage group had an extra 0.34 reduction in pain score ($P=0.001$) averaged across the five postoperative days.
- For pain unpleasantness, the massage group had an extra 0.41 reduction in unpleasantness score ($P0.001$).
- For anxiety, the extra reduction was 0.48 ($P0.001$) compared with the control group.

When the participants were asked whether the massages affected their pain, the mean response on a scale of 1 (pain is a great deal worse) to 10 (pain is a great deal better) was 7.4. When asked if they were helpful, the mean response was 8.3 (with 10 being very helpful).

There was no difference in complication rate or length of stay between the groups.

The nine deaths during the study were determined to be unrelated to the massage intervention, according the authors.

The study was limited, Mitchinson and colleagues wrote, by the fact that almost all of the participants were older men, those not interested in being touched declined to take part, and the researchers could not examine the effects of longer or more frequent massages.

In an invited critique, Marie Hanna, M.D., of Johns Hopkins, said the study was also limited by the "nonstandardized pain control method and the subjective nature of the measured outcomes."

"Nevertheless," she wrote, "the authors have demonstrated the feasibility of incorporating massage therapy to improve immediate postoperative pain intensity and unpleasantness and patient anxiety."

The study authors concluded "massage may potentially be a safer alternative as-needed form of pain relief. With proper training, health care providers at the bedside (especially nurses) may now have a powerful non-pharmacologic tool to directly address their patients' pain and anxiety."

This study was supported by a Department of Veterans Affairs Health Services Research and Development grant.

There were no financial disclosures. reported.

Primary source: Archives of Surgery

Source reference:

Mitchinson A, "Acute postoperative pain management using massage as an adjuvant therapy: a randomized trial" *Arch Surg* 2007; 142: 1158-1167.

Additional source: Archives of Surgery

Source reference:

Hanna M, "Acute postoperative pain management using massage as an adjuvant therapy: invited critique" *Arch Surg* 2007; 142: 1167.

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 **B. Paul White, MD** - Dec 18, 2007

This seems like yet another study with statistically but not clinically significant results. If this was truly useful there should have been a decrease in opiate use or length of stay. It is a nice idea but what would the expense be for no measurable outcome benefit.

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