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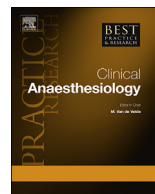


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Preface

Navigating the complexities of treating COVID-19 during the pandemic and a multimodal approach to chronic pain



The Coronavirus Disease 2019 (COVID-19) is spreading rapidly around the world with devastating consequences on patients, healthcare workers, health systems as well as economies [1]. While healthcare systems are globally operating at maximum capacity, healthcare workers and particularly anesthesia providers are facing extreme pressures, a situation that is also leading to declining availability and increasing stress. As this pandemic accelerates, access to personal protective equipment for health workers is a key concern because at present, healthcare workers are every country's most valuable resource in the fight against COVID-19.

This issue, therefore, aims to describe the current situation anesthesia providers are facing in the setting of COVID-19, describe current prevalence, evolving practice guidelines, best available recommendations, and to provide answers to critical questions, which anesthesiologists and other healthcare professionals are facing. As anesthesia providers are experts in airway management, they are on the frontlines of managing patients with COVID-19 [2]. The issue highlights the vast impact COVID-19 has had in our field, and in particular highlighting the effects of the virus in general anesthetic practices, cardiac surgeries, chronic pain practice, ventilation strategies, and the psychological burden this pandemic has had on our providers.

The other part of this issue focuses on chronic pain. As a subspecialty within the field of anesthesiology, this area has also seen significant changes, emerging technologies, and challenges recently. Pain physicians more than ever are now working with each individual patient to create a specifically tailored multimodal analgesic regimen as governments work to curb the worldwide opioid epidemic [3]. Current literature has demonstrated that virtually all patients who undergo surgery develop acute pain, which is time limited, typically within 7–10 days. Newer technologies including ultrasound-guided nerve blocks have reduced opioid consumption, reduced hospital stays, and decreased the likelihood of development of chronic pain. In this regard, significant number of patients in the past were given large doses of opioids and many ended up with physical dependence and opioid addiction.

Despite improvements in the understanding of chronic pain and its mechanisms, it remains true that chronic pain is a complex disease process that has an impact on every facet of a patient's life. As such, treatment must encompass a variety of modalities, which include pharmacological options, cognitive behavioral therapy, image-guided interventional therapies, complementary and alternative therapies, and neuromodulation among others. The chronic pain section of this issue focuses on a variety of issues and topics, highlighting the use of certain medications, such as the utilization of buprenorphine specifically for chronic pain and not just opioid addiction, CBD and its role in chronic

pain and specifically in fibromyalgia, and Vitamin B12 for the treatment of chronic migraine pain. For alternative therapies, there is a focus on cognitive behavioral therapy for chronic pelvic pain, myofascial pain syndrome, and acupuncture. In addition, for neuromodulation, there is a specific focus on the utilization of spinal cord stimulation for persistent knee pain after total knee arthroplasty and for refractory angina.

We hope this issue on COVID and chronic pain will provide readers with up to date information on the COVID pandemic and its direct impact on our practice along with a variety of pertinent and important topics covering the subspecialty of chronic pain.

Author contributions

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Declaration of competing interest

None to declare.

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