**Chronic Post Thoracotomy Pain - An Electronic Follow up Study (Pain Track)**

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**Objectives**: Chronic post thoracotomy pain (CPTP) is a common complication after lung surgery with a reported incidence varying from 25% to 65%. All though some risk factors for developing CPTP have been identified, the pathophysiological mechanism remain poorly understood.

The aim of this study is to explore the development of chronic post-thoracotomy pain and by quantitative sensory testing (QST) be able to identify patients more susceptible to develop CPTP. We speculate that patients with reduced diffuse noxious inhibitory control (DNIC) of their endogenous analgesia system will be in higher risk of developing CPTP.

**Materials and methods**: In the following 2-3 years we intend to include a total of 206 patients.

Inclusion criteria; patients undergoing lung surgery (incl. VATS) on the indication suspected lung cancer, age > 18, ability to understand oral and written information.

*QST:* For evaluation of DNIC, pain stimuli is applied using computer controlled cuff inflation around the patients lower legs. In all tests pain intensity was assessed on a visual analogue scale (VAS).

*Questionnaires:* Patients fill out four different questionnaires at different intervals.

* Use of medication; before surgery, at post anesthesia care unit, at discharge, after 6/12 months.
* Depression/anxiety scores.
* Neuropathic pain indicators; prior to surgery and day one after surgery
* Pain diary; Prior to surgery, at post anesthesia care unit and every second week for 12 months.

The above mentioned questionnaires can, according to patients wishes/ability, be answered by letter, E-mail or smartphone/tablet . A specific software program has been designed to manage smartphone-/tablet questionnaires and data-collection.

**Results**: Will follow when all data are collected and analyzed (aprox. 2-3 years).

**Discussion**: Will follow when all data are collected and analyzed.