INDIAN JOURNAL OF ALLIED HEALTH SCIENCE
(IJAHS) Volume 1, Issue 3, Oct-Dec 2025, pp. 17-20

IJAHS PUBLICATION

MULTIMODAL ANALGESIA: WIDELY ENDORSED, INCONSISTENTLY IMPLEMENTED?

Avancha Chinmayee Sai Sathya[1], Kajal R Shetty[2] Borra Hema[1]

[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: https://doi.org/10.5281/zenodo.18065734

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 03).

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].

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