



IASP Acute Pain Special Interest Group

Taskforce for the Development of a Position Statement on Appropriate Extended-Release Opioid Use for Acute Postoperative Pain

Terms of Reference

1. Purpose

The purpose of this IASP Acute Pain Special Interest Group (SIG) Taskforce is to coordinate and develop a position statement on appropriate extended-release opioid use for acute postoperative pain.

2. Taskforce Aims

1. To gather relevant expertise and evidence to inform the development of a position statement on extended-release opioid use in acute pain.
2. To engage in productive discussion and achieve consensus on recommendations made within the position statement on extended-release opioid use in acute pain.
3. To maintain the scope and timeline of the position statement as described below.

3. Authorship Plan and Research Publications

Authorship of publications will:

- Be coordinated through the Taskforce Co-Leads in discussion with all Taskforce members and the IASP Acute pain SIG board and a plan will be documented. This will outline the authors' roles, responsibilities, and contributions for each publication.
- Be discussed and endorsed by all authors and approved by the Taskforce Co-Leads prior to submission for publication.
- Financial costs of publications are to be approved by the Taskforce Co-Leads and relevant IASP representatives, such as the IASP Acute pain SIG board, prior to submission for publication.

Authorship will be in accordance with the [International Committee of Medical Journal Editors Authorship Guidelines](#):

- Substantial contributions to the conception or design of the work, or the acquisition, analysis, or interpretation of data for the work, AND
- Drafting the work or reviewing it critically for important intellectual content, AND
- Final approval of the version to be published, AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.



4. Membership

Members of this Taskforce must be members of the IASP Acute Pain SIG.

Current Taskforce members include:

Name	Role	Country	Email
Jonathan Penm	Co-lead; Pharmacist	Australia	jonathan.penm@sydney.edu.au
Shania Liu	Co-lead; Pharmacist	Canada	shania4@ualberta.ca
Rianne van Boekel	IASP Acute SIG Leadership; Nurse	Netherlands	Rianne.vanBoekel@radboudumc.nl
Felicia Cox	IASP Acute SIG Leadership; Nurse	UK	F.Cox@rbht.nhs.uk
Esther Pogatzki-Zahn	IASP Acute SIG Leadership; Anesthesiologist	Germany	pogatzki@anit.uni-muenster.de
Jennifer Stevens	Anesthesiologist	Australia	jennifer.stevens@svha.org.au
Erin Widengren	Nurse	Australia	E.Widengren@alfred.org.au erindania@gmail.com
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Daniel Arendt	Pharmacist	US	arendtdl@ucmail.uc.edu
Katelyn Jauregui	Pharmacist	Australia	katelyn.jauregui@sydney.edu.au
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AKM Akhtaruzzaman	Pain Medicine Specialist	Bangladesh	akhtaruzzaman.akm@gmail.com
Ruth Zaslansky	Pain Neurophysiologist	Germany	ruth.zaslansky@gmail.com
Gillian Chumbley	Nurse	UK	gillian.chumbley@nhs.net
Daniela Rosenberger	MD, Anesthesiologist (in training), Physiologist (in training)	Germany	Daniela.Rosenberger@ukmuenster.de
Jane Quinlan	Anesthesiologist	UK	jane.quinlan@ouh.nhs.uk
Quyen Van Than	Anesthesiologist and Chief of Pain Clinic	Vietnam	dr.guyentv@gmail.com
Oluwafemi Ajayi	Person with lived experience	Nigeria	femiquaint@gmail.com



External Advisory Group members include:

Name	Role	Country	Email
Patrice Forget	Anesthesiologist	UK	patrice.forget@abdn.ac.uk
Sam Adie	Orthopaedic Surgeon	Australia	sam.adie@gmail.com

5. Taskforce Structure and Meeting Frequency

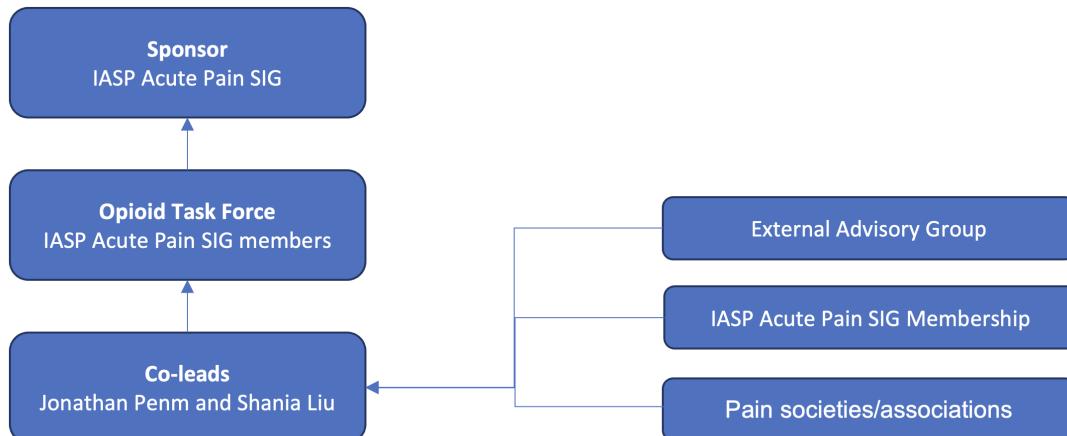


Figure 1. Opioid Taskforce Structure

As shown in Figure 1, this Taskforce will be co-led by Jonathan Penm and Shania Liu. Expertise and evidence will be collected from the External Advisory Group, IASP Acute Pain SIG members, and relevant pain societies and associations.

This information will be presented by the co-leads to this Opioid Taskforce (which comprises of IASP Acute Pain SIG members). Recommendations will be reviewed by the Taskforce and a Delphi Process will be used to obtain consensus.

Agreed recommendations will be collated in the position statement on extended-release opioid use in acute pain and presented to the Sponsor (IASP Acute Pain SIG) and the IASP's Council before it is released.

Table 1 below describes the frequency with which the Opioid Taskforce and External Advisory Group will meet, as well as the frequency with which feedback will be obtained from advising bodies.

Table 1. Taskforce and Advisors Meeting and Feedback Frequency

Group	Meeting frequency
Opioid Task Force	Every 2-3 months
External Advisory Group	Every 3-6 months
Entire IASP Acute Pain SIG Membership	Provide at least 1 opportunity to provide feedback (~6 months)
Pain societies	Provide at least 1 opportunity to provide feedback (~6-12 months)



6. Meeting Agenda Preparation and Minutes Circulation

The agenda for each meeting will be circulated by the Co-Leads one week prior to the meeting date. Agenda items must be sent to the Co-Leads at least two weeks prior to the meeting date. Meeting minutes will be distributed to members within one week after the meeting.

7. Scope of the Position Statement

Area	Included	Excluded
Type of pain	Acute postoperative pain/immediate postoperative pain	All other pain including perioperative pain management
Type of analgesic	Opioid analgesics	All other analgesics and adjuncts
Route of administration	Oral	Patient-controlled analgesia and parenteral
Geography	Representation from all interested countries, with focus on low-to-middle resource countries	N/A
Formulation	Extended-release focus	Immediate-release

8. Quorum and decisions

Quorum: a quorum will be a co-lead member plus four additional members.

Voting decisions: require a minimum of 60% votes for the decision to pass.

9. Timeline

Task	2025			2026			2027		
	T1	T2	T3	T1	T2	T3	T1	T2	T3
Systematic Review									
Qualitative interviews									
Present recommendations to Opioid Taskforce									
Write position statement									
Obtain approval from IASP's Council									