Background and Goal of Study PROSPECT is a webbased initiative, led by an expert Working Group (WG) of surgeons and anaesthesiologists. Its aim is to formulate robust evidence-based recommendations for procedurespecific postoperative pain management. Building on previous experience, the PROSPECT methodology has been recently revised to increase the rigour and transparency of the systematic review process and of the formulation of the consensus recommendations. **Materials and Methods** This refined methodology was formulated by the WG and first applied in the 2006 update of postoperative pain management for laparoscopic cholecystectomy.

Results and Discussions Formulation of the recommendations begins with a procedure-specific systematic review, including the following elements (refined features are indicated in brackets): 1) comprehensive literature search in MEDLINE, EMBASE, the Cochrane library, and secondary literature; 2) study inclusion/exclusion: only randomised controlled trials, reporting pain in the relevant procedure, are included; 3) study quality assessment (and assignment of levels of evidence, carried out independently by 2 reviewers; assessments are made available to all members of the WG and users of the review); 4) qualitative and quantitative analyses. The WG evaluates the validity of outcome measures, agrees on supplementary transferable evidence from similar procedures and provides expertise from clinical practice. Best practice consensus recommendations are then formulated and graded according to the level and source of evidence. This process is more rigorous and reduces the potential for bias: the WG's comments on the review are collated by a moderator, according to the Delphi method, before discussion of the draft recommendations. Where consensus is not reached by group discussion, a modified Nominal Group Process is used, which involves iterative rounds of discussion and voting, until consensus is reached.

Conclusion(s) The improved methodology should help fulfil the core aims of PROSPECT and give users added confidence in the evidence-based recommendations. **Acknowledgements**

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