

Let's take you home tonight

Postoperative Analgesia in Day Surgery



Prof. Dr. Marc COPPENS



Universitair Ziekenhuis Gent
C. Heymanslaan 10 | B 9000 Gent
www.uzgent.be

University Hospital Ghent, BELGIUM



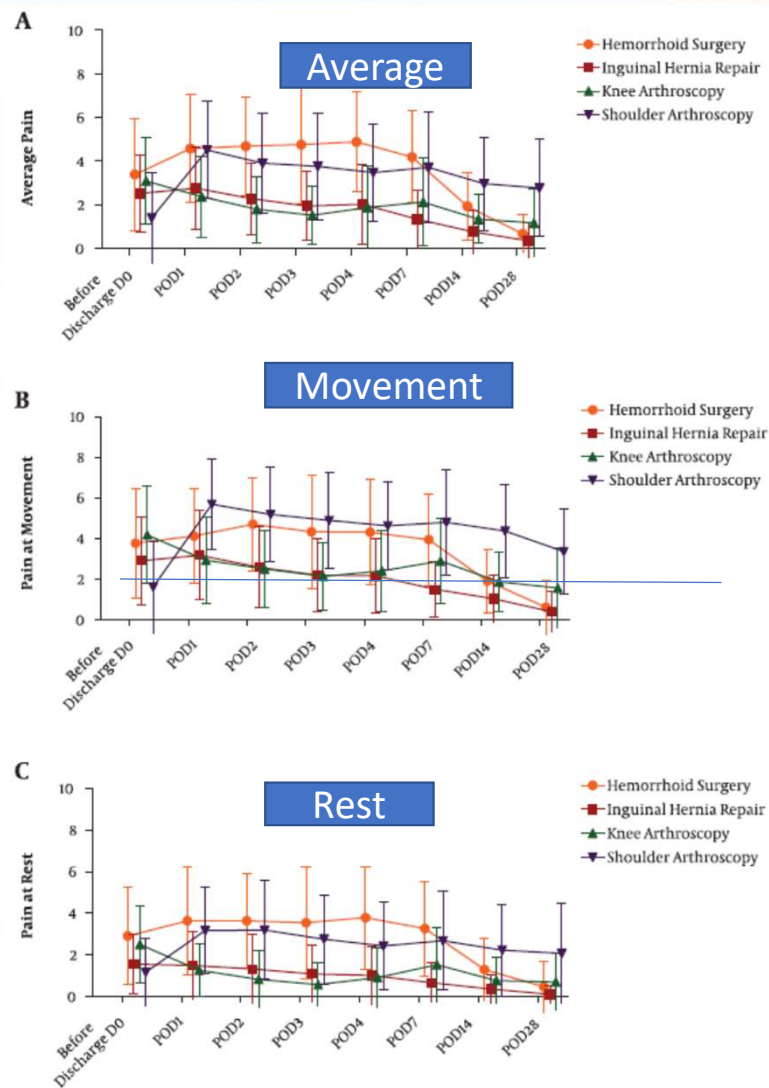
Post Surgical Pain management

1. Humanitarian imperative to relieve suffering
2. Reducing the physiological stress response to pain
3. Promoting functional recovery and mobility
4. Preventing the transition from acute pain to chronic pain
5. Improving QoR
6. Reduce unanticipated admission

Predictors of QoR at home after AS

- 4 days after surgery
 - Good QoR: 17,3%
 - Intermediate QoR: 34,8%
 - Poor QoR: 47,8%
- Poor QoR
 - Reduced mobility (40%)
 - Problems with self care (>30%)
 - Problems with usual activities (>60%)
 - Pain/discomfort in (60%)
- Best predictor: type of surgery
- Other predictors; age-work status-longer duration of surgery

4 week pain profile 4 painful procedures



NRS>5 severe pain
NRS>3 moderate

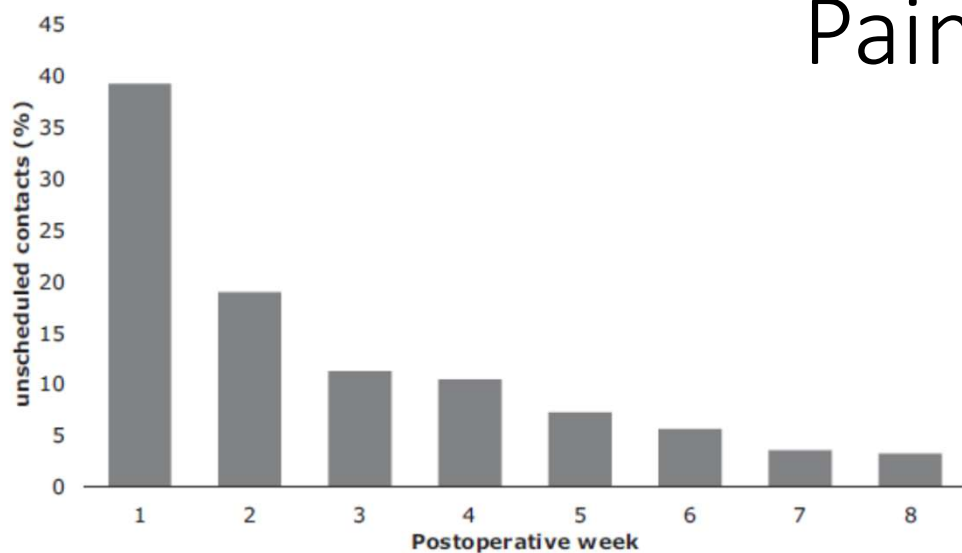
24,61% did not use medication as prescribed

Callebaut I, Jorissen S, Pelckmans C, Berends N, Droogmans M, van Rossum M, Nulens M, Stessel B. Four-Week Pain Profile and Patient Non-Adherence to Pharmacological Pain Therapy After Day Surgery. *Anesth Pain Med.* 2020 Jun 9;10(3)

Barriers hindering achievement of optimal pain control

- System related: lack of clearly defined standards and pain management protocols throughout the complete patient pathway
- Staff-related: inadequate knowledge and skills, lack of teamwork
- Physician-related: lack of knowledge and false concerns about addiction, overdosing and side effects, insufficient orders, inadequate prescriptions
- Nurse-related: inadequate knowledge, heavy workload and lack of time
- Patient-related: reluctance to take analgesics, fear of side effects, fear of addiction

Pain



General Practitioner	46 %
Day care unit	26%
GP on call	10,1%
Emergency Department	9,1%
Hospital Department	9,1%

Further information

Prescriptions not properly explained to the patient
Patients waited too long to take medication
Patients were afraid to take pain medication (addiction)

McGrath B, Elgendy H, Chung F, Kamming D, Curti B, King S.
Thirty percent of patients have moderate to severe pain 24 hr after ambulatory surgery
Can J Anaesth 2004; **51**: 886-91

Brix LD, Bjornholdt KT, Thillemann TM, Nikolajsen L.
Pain-related unscheduled contact with healthcare services after outpatient surgery.
Anaesthesia 2017; **72**: 870-8

Physician related

- Fear of adverse events;
- GI ulceration-perforation and bleeding
- Ibuprofen
 - **Ibuprofen** RR=1,19 vs Diclofenac RR=1,66
 - Ibuprofen lowest CV risk
 - Different galenic forms of ibuprofen
- Quality improvement program
 - Pain prescription
 - Priority for day care
- Evidence base protocols; PROSPECT

NSAIDS PERIOPERATIVELY		
LOW RISK GASTROINTESTINAL COMPLICATIONS	MODERATE RISK GASTROINTESTINAL COMPLICATIONS	HIGH RISK GASTROINTESTINAL COMPLICATIONS
<ul style="list-style-type: none">- Age < 70- No comorbidities- No history of NSAIDs induced morbidities- History of gastro-intestinal surgery- Diaphragmatic herna	<ul style="list-style-type: none">- Age < 70- History of uncomplicated gastric ulcer- Intake of aspirine (incl low dose)<ul style="list-style-type: none">- Cortico-steroids (daily)- Anticoagulants	<ul style="list-style-type: none">- History of complicated gastric ulcer (recently)- Multiple risk factors (>2)
START SURGERY		
<ul style="list-style-type: none">- Paracetamol 1gr IV- Ibuprofen 600mg IV	<ul style="list-style-type: none">- Paracetamol 1gr IV- Ibuprofen 600mg IV- Pantoprazole 20mg IV	<ul style="list-style-type: none">- Paracetamol 1gr IV- Consider Parecoxib 40mg IV- Consider Metamizole 100mg IV
AFTER SURGERY		
<ul style="list-style-type: none">- Paracetamol 1gr oral<ul style="list-style-type: none">- max 4gr daily- Ibuprofen 600mg oral<ul style="list-style-type: none">- max 3 x 600mg	<ul style="list-style-type: none">- Paracetamol 1gr oral<ul style="list-style-type: none">- max 4gr daily- Ibuprofen 600mg oral<ul style="list-style-type: none">- max 3 x 600mg- Pantoprazole 20mg oral	<ul style="list-style-type: none">- Paracetamol 1gr oral<ul style="list-style-type: none">- max 4gr daily- Cox II- Metamizole 100mg oral<ul style="list-style-type: none">- max 4 x 100mg daily

The Dangers Of

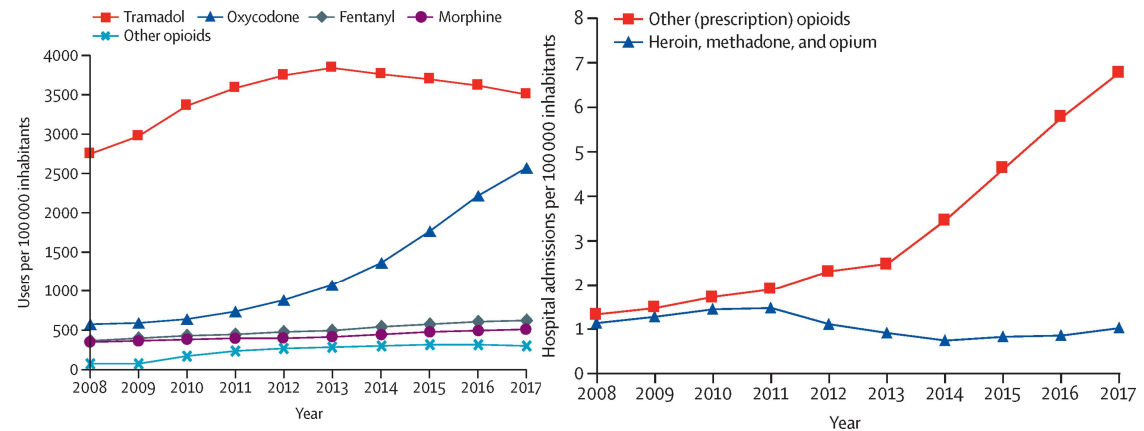
SNORTING OXYCONTIN

(Oxycodone Insufflation)

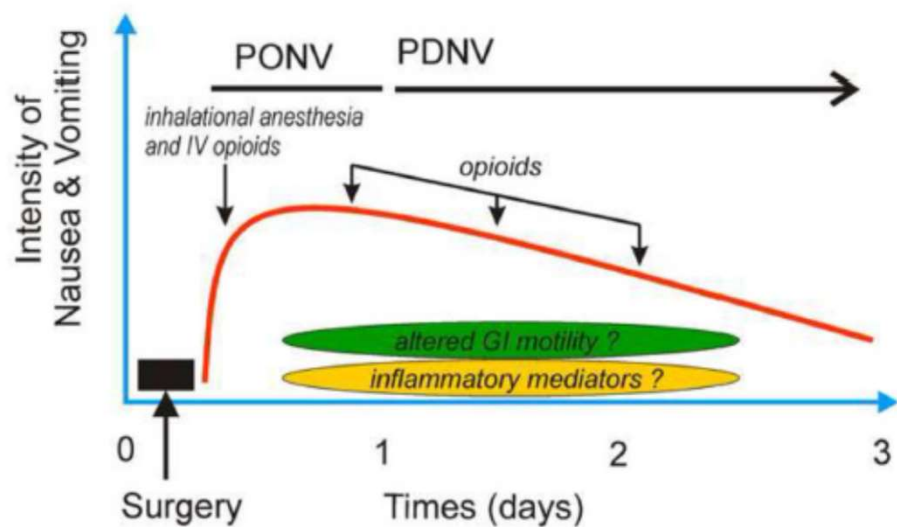
Abuse of oxycodone (OxyContin) can lead to many risks or dangers. These risks are enhanced when a person snorts the drug, as snorting (insufflation) produces a faster onset of effects than was originally intended for the drug.

Simple oral analgesia

- Paracetamol
- NSAIDs
- Opioids
 - Tramadol
 - Oxycodone



Nurse related barrier



General anaesthesia is the clinical use of potent and *potentially lethal* drugs, to produce a state of controlled, reversible *poisoning* to achieve narcosis, analgesia and reflex suppression administered with professional skill,...



Non-pharmacological approach



Patient empowerment

- Lack of information provokes anxiety
- Adjustments of patients expectations
- Clear written instructions
- Telephone numbers should be available
- Adequate nursing staff; nurse translates pain management protocols in patients language



