

Postoperative pain in abdominal surgery: *The proper management*

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Abstract

Background: Effective postoperative pain control is an essential component of the care of the surgical patient. Inadequate pain control, apart from being inhumane, may result in increased morbidity or mortality.

Objective: The aim of this study is to evaluate the patterns of prescription and administration of analgesic drugs used for postoperative pain after abdominal surgery in Alhawari general hospital and to assess the effectiveness of these drugs in relieving the postoperative pain

Materials and Methods: A retrospective study of 100 patients were operated for different abdominal surgery in Alhawari general hospital during the period from 1-01-2013 to 30-04-2013, using different types of drugs for relieving postoperative pain. The analgesic drugs used were assessed in regard to its effectiveness in relieving the postoperative pain.

Results: The total number of cases were 100 patients, 65 females and 35 males, most of the patients received different types of analgesics drugs, regardless the presence and the severity of the pain.

Conclusion: Despite the fact that effective analgesic drugs are available a significant proportion of patients still suffering severe pain during the immediate postoperative period after abdominal surgery. The present study constitutes a reference for the future evaluation of intervention measures aimed at improving the management of postoperative pain.

Keywords: abdominal surgery, analgesic drugs, Postoperative pain

1. Introduction

Effective postoperative pain control is an essential component of the care of the surgical patient. Inadequate pain control, apart from being inhumane, may result in increased morbidity or mortality. Evidence suggests that surgery suppresses the immune system and that this suppression is proportionate to the invasiveness of the surgery good analgesia can reduce this deleterious effect. The failure to provide good postoperative analgesia is multifactorial. Insufficient education, fear of complications associated with analgesic drugs, poor pain assessment, and inadequate staffing are among its causes.

2. Objective

The aim of this study is to evaluate the patterns of prescription and administration of analgesic drugs used for postoperative pain after abdominal surgery in Alhawari general hospital and to assess the effectiveness of these drugs in relieving of postoperative pain.

3. Materials and methods

A retrospective study of 100 patients were operated for different abdominal surgery in Alhawari general hospital during the period from 1-01-2013 to 30-04-2013, the medical records of all patients were carefully assessed. the assessment include the type of operation and the anaesthesia used, the type of drugs used for relieving postoperative pain in regard to its effectiveness in relieving the postoperative pain, the route of administration of the drugs and the frequency. this were done by checking the recorded notes of the surgical team including the nurses on the daily follow up papers which is present in the patient's file.

4. Results

The total number of cases were 100 patients, 65 females and

35 males (figure 1) the age range from 21 – 67 years, all patients received general anaesthesia. 43 females operated for acute appendicitis, 12 for open cholecystectomy, 5 for inguinal hernia repair 3 for paraumbilical hernia repair and 2 cases for left hemicolectomy and the males patients were as follow, 25 operated for acute appendicitis, 7 for open cholecystectomy and 3 for inguinal hernia repair (figure 2). all the patients received diclofenac injection 75 mg intramuscular in the early postoperative period which were described as SOS for 63 patients in the postoperative note regardless the presence and the severity of the pain, and once daily for the other patients. Simple tools, such as pain scales were not used by the treating staff. 73 patients recorded by the nurse in duty to have continuous severe pain despite receiving this type of analgesia 34 patients continue to have the same analgesia in the first postoperative day (figure 3). 12 patients who were operated for open cholecystectomy and two patients who were operated for left hemicolectomy received also intramuscular pethidine 50 mg once daily in the early postoperative period and in the first postoperative day which were described by doctor in duty because patient still complain of pain.

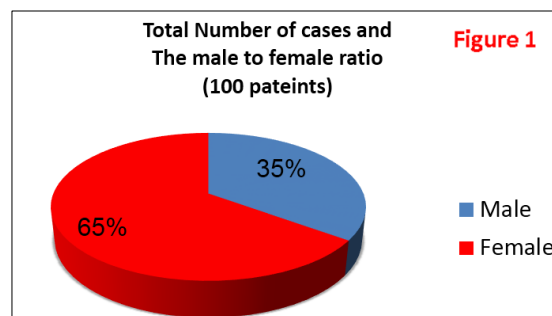


Fig 1

3 cases of open cholecystectomy and two cases of left hemicolectomy still complain of postoperative pain on the third postoperative day and they received intravenous paracetamol 500 mg and pethidine 100 mg intramuscular once daily, they received also metoclopramide 10 mg intravenous because they develops postoperative vomiting as a complications of pethidine injection. One cholecystectomy case develops swelling left leg and she was diagnosed by Doppler ultrasound as a cases of deep venous thrombosis.

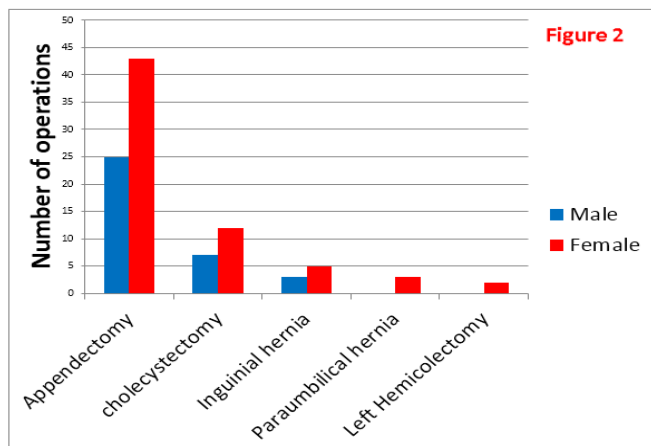


Fig 2

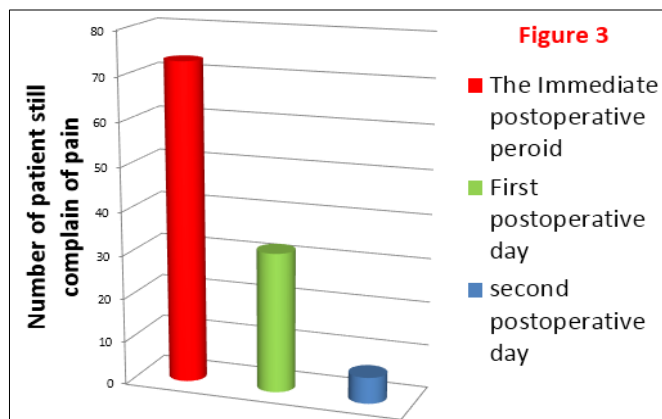


Fig 3

5. Discussion

The advantages of effective postoperative pain management include patient comfort and therefore satisfaction, earlier mobilization, fewer pulmonary and cardiac complications, a reduced risk of deep vein thrombosis, faster recovery with less likelihood of the development of neuropathic pain, and reduced cost of care the present study shows that a significant proportion of patients suffer severe pain during the immediate postoperative period after abdominal surgery, despite the fact that effective type of analgesic drugs are available. parenteral nonsteroidal anti-inflammatory analgesics were the most commonly used and parenteral pethidine were the second most common used drugs the use of analgesics was inadequate in a substantial proportion of patients (figure 3), because even if they had been prescribed on a predetermined regular interval schedule, they were often actually given to treat established pain rather than to prevent its appearance, and their doses were frequently inadequate. our study confirms previous smaller

studies carried out in Spain [1, 2], suggesting that, in contrast with other settings [3, 4, 5] nonopioid analgesics, including nonsteroidal anti-inflammatory drugs, are the preferred drugs for the treatment of postoperative pain. the predominant use of nonopioid analgesics does not seem to be related to concerns regarding the adverse effects of opioids, because contraindications to the use of all classes of analgesics were apparently not taken into account unfortunately, these results are in agreement with those of other studies [6, 2, 7] showing that inappropriate prevention of postoperative pain is common. reasons for this under treatment which have been suggested include poor routine evaluation of pain severity, discrepancies in its assessment between patients and physicians or between patients and nurses [4, 8, 9], and the prescription and administration of doses lower than those recommended our results confirm these suggestions. Continued education of medical and nursing staff is essential in order to improve the management of such a common problem the participation of nursing staff is also crucial in the routine assessment of pain severity, by using simple tools, such as pain scales [10, 11] use of pain charts as part of the general routine clinical assessment of patients (together with fever, heart rate and blood pressure records) may also improve pain control these charts can also be used for auditing the quality of care the intervention which has been most frequently proposed in order to improve the management of postoperative pain is continued education of health care professionals. However, education alone is not enough [12, 13] in other study education was not followed by any change in the patients' outcomes [13] as mentioned in the literature, an improvement of postoperative pain relief has been reported after the introduction of a multidisciplinary team into a general hospital using simple techniques and simple instructions [11] routine audit of the quality of patient care has also been proposed [11] meanwhile, postoperative pain still one of the most common therapeutic problems in hospitals. It can increase morbidity as well as mortality due to immobilization complications like deep venous thrombosis and reduced breathing and cough suppression, facilitating retained pulmonary secretions and pneumonia, and delaying normal gastric and bowel function therefore further intervention measures needed to improve the management of postoperative pain in our hospitals.

6. Conclusion

Our study conclude that many patients still suffer severe pain after abdominal surgery, and this seems to be due to an inadequate use of analgesics. Worthwhile determining the prevalence and severity of postoperative pain is a contribution to the evaluation of health care in the hospital setting the present study constitutes a reference for the future evaluation of intervention measures aimed at improving the management of postoperative pain to reduce postoperative morbidity and mortality.

7. References

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