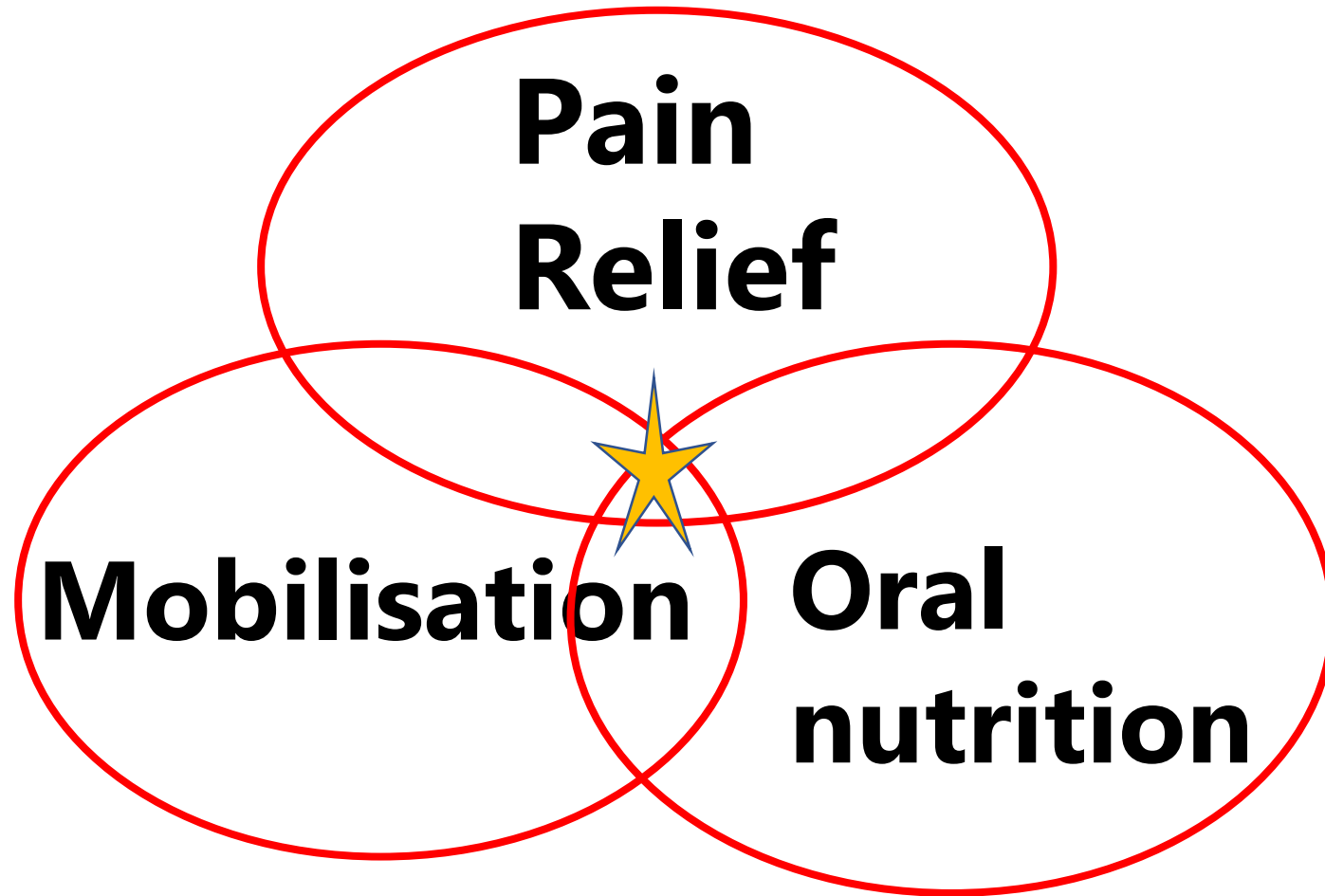


Enhanced Recovery After Surgery: Pain management

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November 2017



Recognition and Assessment of Pain

Needs to be holistic
Individualised

- ▶ Pain score
- ▶ Function
- ▶ Side effects of analgesia
- ▶ OBAS



Management of Pain

- ▶ Multimodal
- ▶ Protocols versus Individually tailored
- ▶ Include management of side effects
- ▶ Involve the patient
- ▶ Reassessment and feedback
- ▶ Empathy
- ▶ Acute Pain Service



Cases

- ▶ Why is pain a problem?
- ▶ Pain assessment issues?
- ▶ Analgesics: benefits versus side effects
- ▶ Analgesia impact on mobilisation and gut function?



Case 1

- ▶ 79 year old lady
- ▶ Ex smoker with mild COPD and ischemic heart disease, fairly active at home but cannot manage to shops unaided. Pneumonia last winter.
- ▶ No regular analgesic use
- ▶ For laparoscopic anterior resection for a sigmoid colon cancer.



Case 2

- ▶ 60 year old lady, generally fit.
- ▶ Smokes 10 cigarettes per day, no respiratory symptoms. DVT during pregnancy no issues since. Not currently anticoagulated.
- ▶ Admitted for open anterior resection for complex diverticular disease



Case 3

- ▶ 55 year old lady for hysterectomy and bilateral salpingo oophorectomy for early cervical cancer.
- ▶ Otherwise fit.



Case 4

- ▶ 75 year old man for elective knee replacement (first of two)
- ▶ Mild ischaemic heart disease on aspirin and bisoprolol.
- ▶ Otherwise fit.



Case 5

- ▶ 65 year old man for open partial nephrectomy for renal cancer.
- ▶ Anticipated lateral approach
- ▶ Heavy smoker up to 2 years ago, chronic productive cough.
- ▶ On aspirin and bisoprolol for ischaemic heart disease, symptoms well controlled.



Case 6

- ▶ 35 year old lady for ileocaecal resection for Crohns disease
- ▶ No previous surgery
- ▶ Currently on tramadol 50 mg up to 4 times per day for abdominal pain.



Case 7

- ▶ 70 year old man for elective hip replacement.
- ▶ Mild ischaemic heart disease.
- ▶ Family report he is becoming a bit forgetful.



Conclusions

- ▶ Effective analgesia is an essential component of enhanced recovery
- ▶ Good patient assessment is mandatory to achieve this
- ▶ Analgesia needs to be tailored to fit the patient, operation and postop requirements of ERAS
- ▶ Compromise may be necessary: optimising benefits and side effects is best achieved with an acute pain service
- ▶ Multimodal analgesia should always include a local anaesthetic component

