# Acute Pain Round and a Change in Practice

Acute Pain after Major Gynaecological Surgery: Is PCA the best option for analgesia?

**Annie Rajiv** (Lead Clinical Nurse Specialist), Dr. Philip Walsh (MB BCh FCAI), Dr. Leena Ali (MB BS FRCA)

Ealing Hospital, Acute Pain Management Service

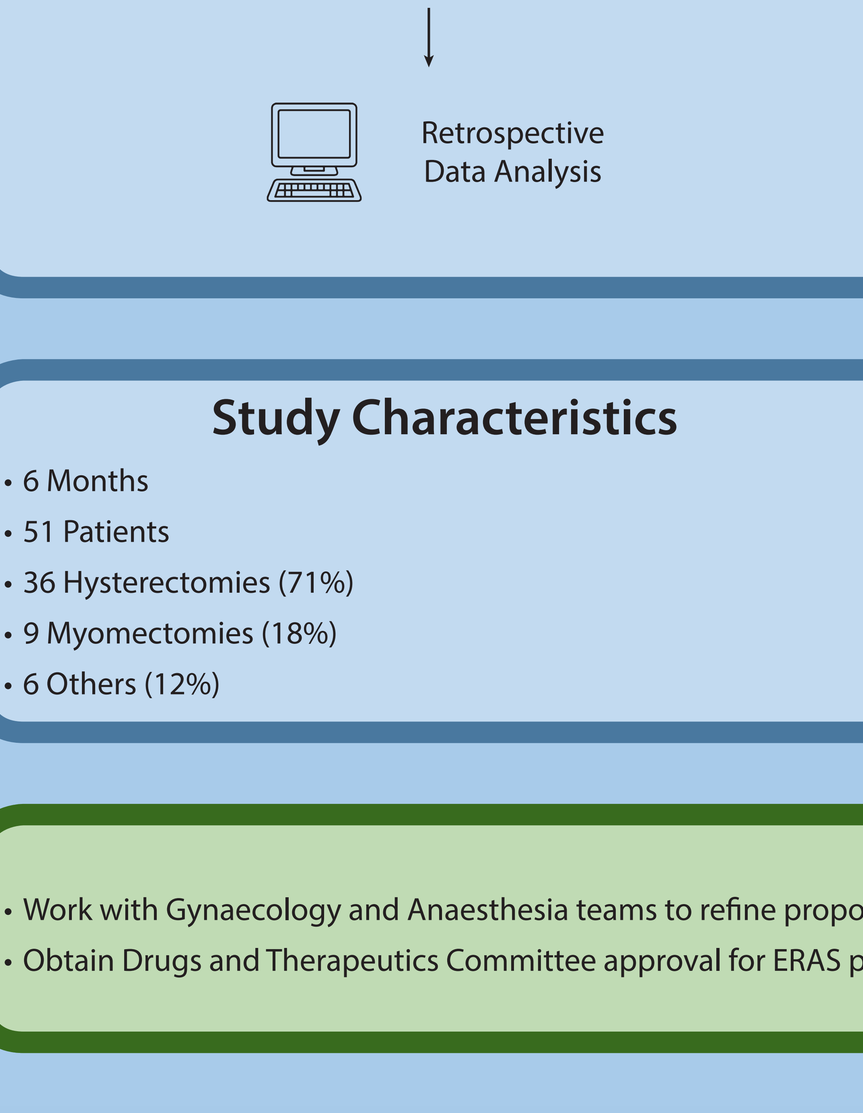
## Background

- Open gynaecological surgery is known to produce moderate-severe postoperative discomfort
- Despite this, anecdotally our PCA usage seemed low, with very short durations of PCA usage
- PCA has well documented adverse effects in the post-operative period
- Is PCA the best choice for this group of patients, or is there a better way?

## Aims and Objectives

- Determine duration of PCA usage
- Determine morphine consumption
- Assess additional analgesia provided
- Decide if alternative regime may be preferable
- Consider if an enhanced recovery pathway would be beneficial

## Methods




## Study Characteristics

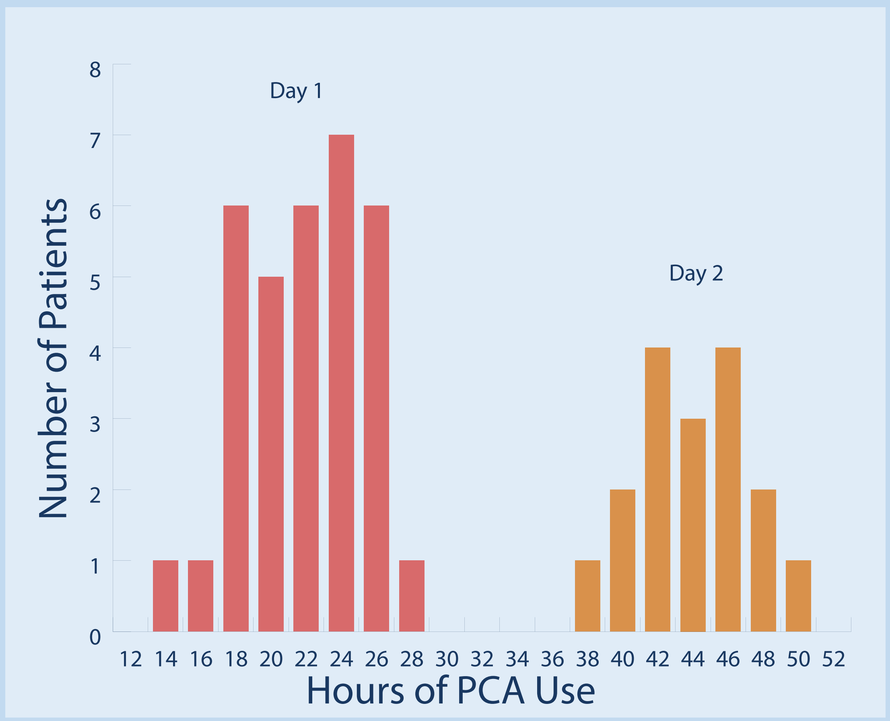
- 6 Months
- 51 Patients
- 36 Hysterectomies (71%)
- 9 Myomectomies (18%)
- 6 Others (12%)

## Results

**65%** Percentage PCAs discontinued on 1st Postoperative Day

**33%** Percentage PCAs discontinued on 2nd Postoperative Day

**2.7 mg** Average Morphine Consumption (mg/hr).
No difference between Day 1 and Day 2 Groups




**100%** Percentage of Patients Receiving Regular Paracetamol

**47%** Percentage of Patients Receiving NSAIDs

## Enhanced Recovery Protocol

| | |
|---|---|
| Night before surgery<br>(At home) | Carbohydrate drink (CHO drink)<br>(Please confirm with the Doctor) |
| Morning of surgery<br>(In admission lounge) | Carbohydrate drink ( CHO drink)<br>Pregablin 75mg BD<br>Paracetamol 1 gram PO<br>(Please confirm with the Doctor) |
| Pre/intra-operative | ☐ +/- Spinal<br>☐ TAP Block<br>☐ General Anaesthesia |
| **Post Surgery**<br>**Patient absorbing & tolerating Free fluids**<br><br>PO Paracetamol 1 gram QDS<br>&<br>Pregablin 75mg BD<br>&<br>Oxycodone MR 10mg or 5mg BD (review & titrate)<br><br>&<br><br>**As required analgesia**<br><br>Oxynorm 5-10mg Q 4 hourly PRN<br>OR<br>Tramadol 50mg or 100mg QDS (review & titrate)<br><br>&<br><br>**As required analgesia**<br><br>Oramorph 5-10mg Q 4 hourly PRN<br>&<br>Antiemetic<br>&<br>NSAIDS (if not contraindicated)<br>&<br>LAXATIVES Regular or PRN | **Post surgery**<br>**Patient *not* absorbing or tolerating Free fluids**<br><br>IV Paracetamol 1 gram 6 hourly<br>&<br>PCA – (Morphine or Fentanyl)<br>Then<br><br>**Step down to PO when F/F tolerated**<br><br>Pregablin 75mg BD<br>&<br>Oxycodone MR 10mg or 5mg BD (review & titrate)<br>&<br><br>**As required analgesia**<br><br>Oxynorm 5-10mg Q 4 hourly PRN<br>OR<br>Tramadol 50mg or 100mg QDS (review & titrate)<br><br>&<br><br>**As required analgesia**<br><br>Oramorph 5-10 mg Q 4 hourly PRN<br>& Antiemetic<br>&<br>NSAIDS (if not contraindicated)<br>& LAXATIVES Regular or PRN |

## Conclusions

- PCA Morphine is not an ideal method of analgesia following Major Open Gynaecological Surgery
- Most PCAs discontinued on 1st post-operative day and 98% discontinued by Day 2
- Low overall opioid consumption
- Patients happy with analgesia despite early discontinuation of PCA and low usage
- An Enhanced Recovery after Surgery (ERAS) Pathway may be beneficial in managing these patients perioperatively. This is consistent with RCOG guidance[1] and recent ERAS Society recommendations[2]

1. Royal College of Obstetricians and Gynaecologists Enhanced Recovery in Gynaecology. Scientific Impact paper No.36, Feb2013
2. Nelson Gea. Guidelines for postoperative care in gynecologic/oncology surgery: Enhanced Recovery After Surgery (ERAS®) Society recommendations — Part II. - Gynecologic Oncology. 2016;140(- 2):323 – 332

## Future Plans

- Work with Gynaecology and Anaesthesia teams to refine proposed ERAS pathway
- Obtain Drugs and Therapeutics Committee approval for ERAS pathway
- Investigate non-pain elements (e.g. pre-operative carbohydrate loading) before introducing pathway
- Phased introduction of ERAS pathway

Acute Pain Management Service, Department of Anaesthesia,
Ealing Hospital, Uxbridge Road, Southall, Middlesex, UB1 3HW
**email**: annie.rajiv@nhs.net

London North West Healthcare NHS
NHS Trust