Do Doctors Discuss Chronic Post Surgical Pain As a Complication With Patients?

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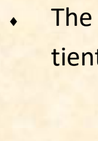
Introduction

Chronic Post Surgical Pain (CPSP) is increasingly acknowledged as a significant postoperative complication. It is defined as Pain lasting more than 2 months in duration after a surgical procedure with Other causes for pain and the possibility that pain is from a pre existing condition have been excluded. The incidence of chronic pain differs significantly between surgeries, however overall it is estimated to be between 20% and 50% following major surgery and approximately 10% for more minor operations. High Risk Procedures include breast augmentation, mastectomies, craniotomies, hysterectomies, hip and knee arthroplasties, hernia repairs, cholecystectomies

Before undertaking an operation, a written consent form is required. This can be completed, in the majority of cases (when the individual is above 18 and has capacity), following a discussion with the clinician undertaking the procedure and the patient. The GMC guidance, Consent: patients and doctors making decisions together (2008), states:



'You must tell patients if an investigation or treatment might result in a serious adverse outcome, even if the likelihood is very small. You should also tell patients about less serious side effects or complications if they occur frequently, and explain what the patient should do if they experience any of them.'

This is reflected in the consent forms used throughout the NHS which include a section entitled 'any significant, unavoidable or frequently occurring risks related to the procedure.

Aims

The aim of this audit was to determine whether Pain/ CPSP was described as a complication following procedures while obtaining consent , especially if they have been a high risk operations. We have also looked into the grade of the doctors highlighting pain as an risk and if pain has been mentioned as an intended benefit for the surgery.

Methods

This study was a collaborative study undertaken within the North East deanery at Royal Victoria Infirmary (RVI), Newcastle upon Tyne and Queen Elizabeth hospital (QEH), Gateshead.

RVI, Newcastle upon Tyne

- Conducted by the Pain management department
- Data was collected over a 6 week period from the New Victoria Wing and Leazes Wing Recovery Rooms postoperatively.
- The consent form was checked to determine if pain relief was discussed in the "intended benefit" section and whether pain was discussed in the "significant, unavoidable, or frequently occurring risks" section.
- The anaesthesia chart and pre admission forms were checked to determine the patient's pre-operative condition and risk factors for CPSP.

QEH, Gateshead

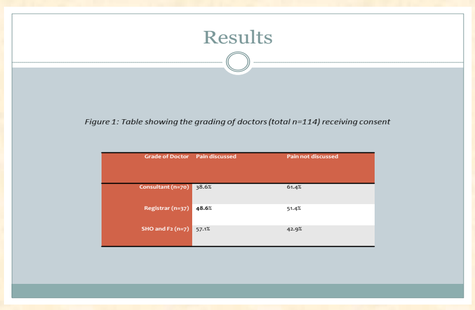
- Conducted by General surgery department
- Data was collected over two-week period from all individuals who had undergone surgery and were inpatient in the general surgery wards 9 and 27. .
- The consent form was checked to determine if pain relief was discussed in the "intended benefit" section and whether pain was discussed in the "significant, unavoidable, or frequently occurring risks" section.
- The anaesthesia chart and pre admission forms were checked to determine the patient's pre-operative condition and risk factors for CPSP.

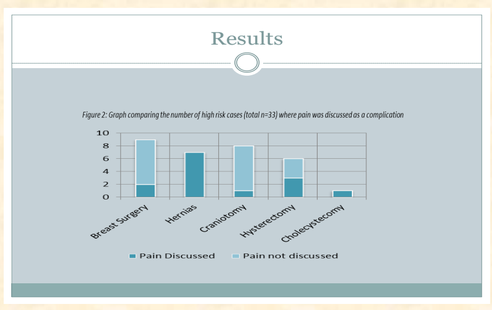
Results

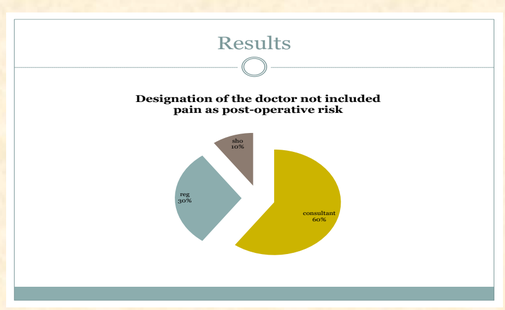
- Data was collected on 114 patients
- Of the 33 high risk procedures, 16 discussed pain and 17 did not.

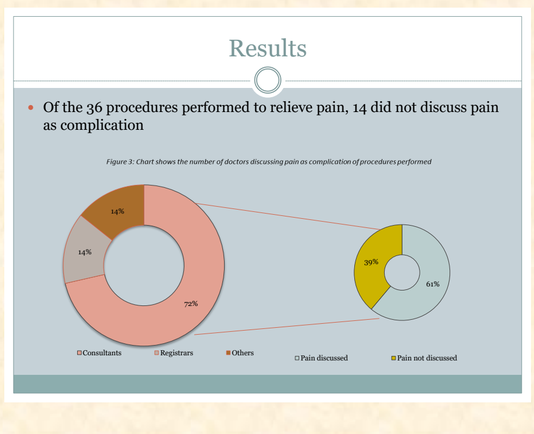
Results

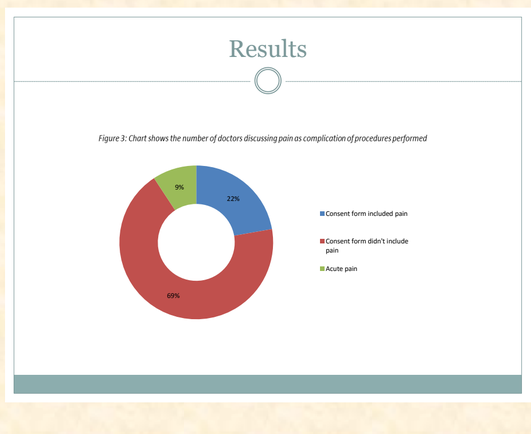
- Data was collected on 54 patients
- 60% have > 1 risk factors for developing persistent pain (multiple pre-operative pain killers, anxiety/depression, long duration of surgery, H/o chronic pain, H/o Radiotherapy/ chemotherapy)











Discussion

In this audit, about 70% of consent forms in surgery did not mention pain in the section entitled 'any significant, unavoidable or frequently occurring risks from the procedure'.

Interestingly, 100% of the consent forms for amputation surgery mentioned phantom limb pain or nerve damage, indicating the development of chronic pain. This is one of the best-researched areas of post-operative chronic pain, which would fit with the argument that pain is not included in consent forms were the research about the area is less established.

Acute post-operative pain is often considered as an expected consequence and usually the verbal consent is taken by the anaesthetist, therefore it may have been excluded from consent forms for this reason.

In the consent forms that did not discuss pain, the majority (60%) were completed by a consultants in both data.

There is no universally agreed definition for CPSP but it is one of the most common and serious complications after surgery. It is associated with increased analgesic use, restriction of activities of daily living, significant effects on quality of life, increased health-care utilization and increased dissatisfaction with the health care.

Highlighting pain as a complication of a procedure should be discussed in ALL procedures. This should be done by doctors of all grades. CPSP should be highlighted as a complication for high-risk procedures. For procedures done to relieve pain, the extent of CPSP must be highlighted to allow patients to make a more informed decision towards their care.

Conclusions

Pain should be a primary concern for all physicians. Discussing CPSP with patients is important to deliver more comprehensive healthcare.

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