Enhanced Recovery After Surgery: Pain management

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Pain Relief
Mobilisation
Oral nutrition
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 ischeamic 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