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Review Article

POSSIBILITY OF IMPROVING POST-OPERATIVE PAIN MANAGEMENT BY IMPROVING DAILY PRACTICES

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Abstract:

Persistent postoperative pain is common after most surgical procedure. The burden of untreated postoperative pain is high. Postoperative pain has been poorly managed for decades. There is good quality evidence that supports many of the common agents utilized in multimodal therapy, however, there is a lack of evidence regarding optimal postoperative protocols or pathways.

The study was a quantitative approach. The research was conducted from December 2014 – to June 2019. Data were collected from 1924 patients in surgery, urology, orthopedics, ENT, ophthalmology, and gynecology/obstetrics at the General Hospital of Prizren.

Most patients in obstetrics have said that after taking pain injections, the pain after a few minutes has increased. It has been proven that nurses gave along with pain medication IM (Diclofen amp.) also uterotonics (Oxytocin) which causes uterine contractions which was associated with pain in patients which made the connection with taking analgesia. This problem has been avoided by giving the injections separately, ie at different intervals.

Patients after surgical procedures reported severe pain-related outcomes. It is needed to evaluate the pain in the sheet of vital signs monitoring. Based on these findings we recommend the implementation of pain management programs and care policies to build pain management into standing orders, protocols, and patient charts.

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INTRODUCTION

Persistent postoperative pain is common after most surgical procedures (N., 2016). The burden of untreated postoperative pain is high (R. Zaslansky et al, 2019). Postoperative pain has been poorly managed for decades. There is good quality evidence that supports many of the common agents utilized in multimodal therapy, however, there is a lack of evidence regarding optimal postoperative protocols or pathways (Devin CJ et al, 2015). Multimodal pain management provides additional pain relief until the fourth postoperative day, improves patient satisfaction at discharge, and reduces total narcotic consumption for postoperative pain management (H Kang et al, 2013).⁴

METHODOLOGY

The study was a quantitative approach. The research was conducted from December 2014 – to June 2019. Data were collected from 1924 patients in surgery, urology, orthopedics, ENT, ophthalmology, and gynecology/obstetrics at the General Hospital of Prizren. Hospital has 521 beds; is the second-largest hospital in Kosovo. Data about pain-related Patient-Reported Outcomes and process data were collected on the first postoperative day. All patients gave consent to participate in the study. General anesthesia was the most common form of anesthesia.

RESULTS

Findings were obtained from 608 patients at general surgery, 475 patients at obs/gyn, 231 patients at ENT, 219 patients at urology, 199 patients at orthopedy, and 192 patients at ophthalmology. From 1924 patients 1270 (66.2%) were females and 33.8% were males. From them reported that mean maximum pain was 5.38/10 and minimum pain was 1.17/10. Regarding to ward's general surgery patients reported the worst pain (maxpain 6.06/10) and less pain was in Ophthalmology (maxpain 1.94/10). During a general survey of postoperative pain management, many daily clinical practices was needed to be improvement. From the key findings can be mentioned as the pharmacologic treatment of pain in combination with nonpharmacologic treatment, the evaluation of the pain, the continuous documentation, giving of analgesics according to the description and not "as

needed" etc. Most patients in obstetrics have said that after taking pain injections, the pain after a few minutes has increased. It has been proven that nurses gave along with pain medication IM (Diclofen amp.) also uterotonic (Oxytocin) which causes uterine contractions which was associated with pain in patients which made the connection with taking analgesia. This problem has been avoided by giving the injections separately, ie at different intervals.

CONCLUSION:

Patients after surgical procedures reported severe pain-related outcomes. It is needed to evaluate the pain in the sheet of vital signs monitoring. Based on these findings we recommend the implementation of pain management programs and care policies to build pain management into standing orders, protocols, and patient charts.

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