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Abstracttitel: AUDIT ON PAIN MANAGEMENT AFTER CARDIAC SURGERY

Patients experience moderate to severe pain after cardiac surgery. Acute pain after surgery is inevitable because of the associated trauma to many pain-sensitive structures. Uncontrolled pain after cardiac surgery may lead to exaggerated stress response and sympathetic stimulation. It can cause myocardial ischemia, reduce the ability to cough leading to atelectasis, impair glycemic control, impair wound healing, impair mobilisation and cause thromboembolism.

Purpose of the Audit:

1. Assess the quality of pain after cardiac surgery.
2. Assess current techniques/modes of analgesia post cardiac surgery.
3. Assess complications associated with analgesic administration after surgery.

Methods:

Audit was conducted over a 3 week period. Data were collected from a total of 53 patients. Audit proforma was completed by nurses in the post operative critical care unit (POCCU) and on the surgical ward. The following data were collected.

Analgesic agents administered in theatre

Analgesic agents administered in the POCCU.

Analgesia administered in the ward in the first 24 hours

Pain score at rest and on movement in POCCU and during the first 24 hours in the ward - recorded every 4 hours.

Sedation score.

Nausea and Vomiting score.

Conclusion:

Pain control was poor. 26 out of 53 patients had a pain score of 2 or more within 48 hours post cardiac surgery. Pain score was higher in younger patients.

There was wide variation in the analgesic regimens used for post operative pain

The incidence of sedation and nausea and vomiting were low.