The Peri-Operative Pain Management of Total Abdominal Hysterectomy Patients at an Academic Hospital

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Introduction

Acute post-operative pain is a large problem worldwide, as it is not being adequately recognized or managed appropriately. A large proportion of patients (between 50% to over 80%)¹ will report unsatisfactory pain levels following surgery. There is a paucity of identifiable and published data that accurately highlights the extent of the problem, in terms of acute postoperative pain management and levels of patient satisfaction, in the South African setting.

Acute pain which is not adequately treated can lead to chronic debilitating pain, which can be both difficult and costly to manage, especially in resource-poor settings². Chronic pain may affect all aspects of a patient's life and have far-reaching consequences³. There are many factors which influence the perception of care received by patients⁴; pain control and medication-related issues are only two small aspects thereof. Some patients in a great deal of pain may still report satisfactory treatment, whereas other aspects of care such as interpersonal relationships with the treating team may impact more significantly than the experience of pain in terms of perception of the quality of care received⁵

Aims

The aim of this study was to describe the peri-operative pain management of Total Abdominal Hysterectomy (TAH) patients at Rahima Moosa Mother and Child Hospital (RMMCH) using the PAIN-OUT Questionnaire.

Methods

Approval to conduct this study was obtained from the Human Research Ethics Committee of the University of the Witwatersrand. Patients completed the PAIN OUT patient questionnaire between 6 and 24 hours after surgery. The PAIN OUT process questionnaire was completed at the same time. A consecutive, convenience sampling method was used to include all post-TAH patients operated on in a three month period at RMMCH.

Results

Intraoperative Analgesia				Post-operative Analgesia in ward	
Local Anaesthetic Technique Used		Non-Opioid Medications		Intravenous Opioids Used	
TAP Block [n(%)]	38 (50)	Ketamine intravenous bolus (n)	38	Alfentanil (n)	4
Wound Infiltration [n(%)]	19 (25)	Paracetamol (1g) intravenously (n)	39	Fentanyl (n)	42
No local anaesthetic [n(%)]	19 (25)	Diclofenac (75mg) intravenously (n)	4	Sufentanil (n)	17
		Diclofenac (100mg) per rectal suppository (n)	2	Morphine (n)	73
				Morphine PCA pump (n)	34
				Pethidine intramuscular injection (n)	29
				Oral Tramadol (n)	5
				Morphine intramuscular injection (n)	18

Post-operative Pain Intensity

Conclusions

- There is an unacceptably high level of post-operative pain reported by patients after TAH surgery
- Administration of analgesic medication was not prioritized in the ward prior to the time of patient interview
- An improvement program for post-operative analgesic management for patients having TAH surgery at RMMCH needs to be instituted
- These recommendations are in line with international practice

References

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