The impact of patient education about postoperative pain and its management

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Background and Goal of Study

Moderate to severe postoperative pain remains a clinical problem, but most patients report being satisfied with their postoperative pain management.^{1,2} There are contradictory findings about the influence of preoperative patient education about pain.³

Our study aimed to determine if patients scheduled to elective surgery at a university hospital were informed about the importance of pain management, and the impact of this information on experienced pain and satisfaction.

Materials and Methods

We administered a questionnaire in 3 different moments, to all patients who underwent elective inpatient surgery on 3 random non-consecutive days, after obtaining ethics committee approval and patient informed consent. Exclusion criteria: expected postoperative mechanical ventilation, psychiatric or neurologic disorder, patient refusal, day case procedures, cardiac and thoracic procedures.

- Rest and dynamic pain were assessed, using a numeric scale from 0 (no pain) to 10 (worst pain imaginable) at 4, 24 and 48 hours postoperatively, as well as the worst pain experienced in-between.
- “Have doctors/nurses informed you at some point that the treatment of pain is very important and that you should notify them when you have pain?”*.
- “Which of the following best describes the degree of satisfaction with the treatment of pain during hospitalization? Very satisfied, satisfied, slightly satisfied, unsatisfied or very unsatisfied”*.
- “Was there a moment when the prescribed pain medication was not enough, leading you to ask for more/different medication?”*.

Statistical analyses was made using SPSS®20.

To compare the variables, we used Mann-Whitney U and Chi-square tests (statistical significance $p < 0,05$).

Results and Discussion

There were 115 scheduled surgeries, consent was obtained for 102 patients and 86 patients were included in the study.

Two thirds (57) were informed about the importance of pain management and that they should report any experienced pain; one third (29) did not receive that information.

The informed group reported a statistical significant higher level of satisfaction ($U=582$, $p=0,014$) (graphic 1).

There were no statistical significant differences between the level of pain experienced by the 2 groups ($U=637$ to 824 , $p=0,08$ to $0,98$), nor in the request of additional or different analgesia ($X^2=0,953$, $p=0,33$) over the 48-hour period.

The diversity of patients, surgical procedures and prescribed analgesia may be a limitation of this study.

Graphic 1. Level of satisfaction reported by the informed group vs the non informed group.

Conclusions

The information about the importance of pain contributed to patient satisfaction with pain management. The informed patients did not experience higher levels of pain.

Information about the importance of pain may be a key factor for patient satisfaction with pain management in postoperative period.

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