The overview of current regimens of postoperative patient-controlled analgesia

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Background & Goals

The postoperative pain control in the country is currently dependent on IV PCA, but there is still a remarkable difference from complete pain relief. While it is nearly hard to determine the efficacy of the PCA regimens employed by all hospitals, we carried out extensive nationwide survey regarding the current regimens of postoperative PCA in major hospitals to look into the major lines of PCA, and then eventually, to investigate the possibility of recommending well-organized and standard regimen(s) of PCA.

Materials and Methods

65 major hospitals, including university hospitals and general hospitals, answered the questionnaires composed of 17 fixed questions: PCA regimens (numbers), route of administration, opioid type and amount/dose, local anesthetic type/amount, etc.

Results and Discussion

- Total PCA regimens (711) by entry routes: IV PCA (587), Epidural PCA (115), Perineural PCA (4), ETC (3 nerve blocks, 1 intraarticular regimen and 1 surgical wound infiltration)
- The IV PCA regimens consisted of a number of 23 different combinations of opioids and NSAIDs, and Fentanyl was a major line of opioid for IV PCA.
- The total 17 different combinations in epidural PCA regimens used mostly opioids and local anesthetics as their combination. Fentanyl and Ropivacaine was the major combination for epidural PCA.

- There was a variety in the number of PCA regimens that the individual institute used, from 1 to 62 regimens. Of the 65 institutes that participated in the survey, 3 hospitals were using over 50 regimens, and one thirds (33%) of the hospitals were employing more than 10 regimens. There were a number of institutes that used relatively much less number of regimens.

- In response to the investigation about the use of varying doses depending on the type of surgery, 21 institutes reported in affirmative.

Conclusion

Although the regimens may differ for every hospital, there is a need to decrease the number of regimens rather than to increase its numbers and make the regimens overly varied. The quality and preciseness of the dose and regimen of pain killers being given to the patients are considered to be low, and there are no set rules that are followed. It should be noted that there was no correlation between the numbers of the regimens and the size of the institutes, although data on this are not recorded here.