Foot and ankle surgery: blocking or knocking it?

Perioperative pain management review for foot and ankle surgery in teaching hospital

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Background and Aims

Pain is a well recognised complication after foot and ankle surgery (FAS) [1]. Regional anaesthesia (RA) can be used to improve patient satisfaction and minimise inpatient stay [2]. We have evaluated the efficacy of RA in post-operative pain management of patients undergoing elective FAS in a busy teaching hospital over a 12 month period. Focus was on recovery, 24h and breakthrough opioid requirements. The aim is availability of effective RA to all patients undergoing FAS.

Methods

Retrospective electronic chart review of patients undergoing elective FAS in a large teaching hospital. Ethical approval was not required for service evaluation project.

Results

98 patients were included in the study period (63% were female and 37% male). 52% were on chronic pain medications (neuropathic or long acting opioids) pre-operatively. 88% received RA for intra- and post-operative pain control. Patients were more likely to require opioids in recovery if RA was provided by a non-RA specialist (52% v 30% - chart 2). Those patients who did not receive RA were more likely to require breakthrough opioids in the first 24 hours than those who received RA (43% v 32%).

Chart 1. Type of Regional Anaesthesia

Chart 2. Use of postoperative IV opioids after RA performed by Regionalist v non-Regionalist

Conclusions

RA was performed in 88% of cases. Where it was not used, it was largely due to patient preference or surgical factors. Use of RA by an RA-specialist minimised recovery opioid requirements. The primary indicator of 24h opioid requirements was mainly dependent on surgical procedure. In conclusion, elective FAS lists should be covered by an RA specialist to deliver optimum service.

REFERENCES

1. Wang, Jia et al. Pain Management for Elective Foot and Ankle Surgery: A Systematic Review of Randomized Controlled Trials. The Journal of Foot and Ankle Surgery, 2015; 54(4): 625 – 635
2. Pearce, C. J. et al. Current Concepts Review: Regional Anesthesia for Foot and Ankle Surgery. Foot & Ankle International, 2010, 31(8), 732–739.
3. Stein B.E., Srikumaran U., Tan E.W., Freehill M.T., and Wilckens J.H.. Lower-extremity peripheral nerve blocks in the perioperative pain management of orthopaedic patients. The Journal of bone and joint surgery. American volume 2012; 94:e167.1-e167.13