South Warwickshire NHS

Post-operative patient satisfaction of pain relief following lower limb Arthroplasty

How Would

You Rate

Your Pain

Relief in

Hospital?

"I had no pain in

hospital or at

home"

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Aims

To assess the quality of pain relief and symptom management provided to post-operative THR/TKR patients with the recommended analgesic regime

Objectives

To identify:

- Effectiveness of the oxycodone regime combined with recommended regular NSAID's, anti-emetics and laxatives
- If PONV is evident in hospital and at home
- · The length of time Oxycodone is required
- Whether adequate supply of 7 -10 days worth of oxycodone TTO was sufficient

Methods

Audit

Anaesthetic audit in 2014 of TKR/THR Patients concluded:

- Inconsistent prescribing of analgesia and anti-emetics
- TKR patients suffered moderate to severe pain limiting function and delaying discharge

Standardised analgesic regimen involving oxycodone prescription started in August 2014

Re-Audit

Re-audit of 76 patients on new regimen finds majority of patients in moderate/severe pain duto:

- Delay in first dose Oxycodone MR (Oxycontin)
 Insufficient Oxycodone MR dose
- Nursing delay in PRN Oxycodone (Oxynorm) administration as it is a controlled drug

New regimen devised to take these factors into account...

Recommended Analgesic Prescription

Regular drugs

Paracetamol 1G QDS +/- Ibuprofen 400mg TDS Oxycodone MR (Oxycontin) BD Ondansetron 4 - 8mg TDS

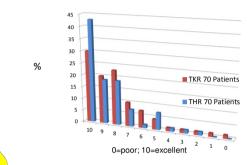
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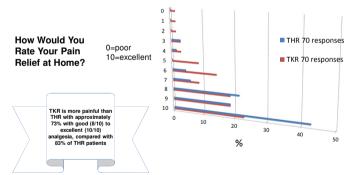
PRN Drugs

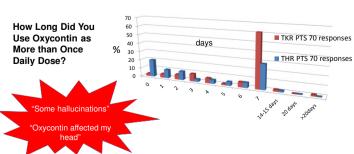
Oramorph 10-20mg hourly Lactulose 15mls BD Cyclizine 50mg 8 hourly Naloxone

- Anonymous postal questionnaire sent to all patients a week after having THR/TKR Sept 2014 – Dec 2014. Patient to return questionnaire after 15 days
- Total questionnaires sent: THR-159; TKR-159. Total questionnaires returned: THR-70; TKR-70

<u>Res</u>







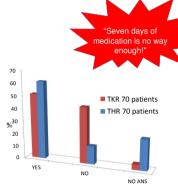
Results

Did You Feel the Length of Oxycontin Duration was Adequate for Pain Relief?



What other Painkillers Did You Use at Home, besides Oxycontin?

"Oxycontin is easier, to use than Tramadol as less side effects than last time."



| Analgesic Drugs | TKR (70) | THR (70) |
|------------------------------------|----------|----------|
| PCM only | 23 | 23 |
| NSAID only | 2 | 1 |
| PCM & NSAID | 24 | 25 |
| TRAMADOL only | 1 | 0 |
| PCM & TRAMADOL | 3 | 3 |
| PCM/TRAMADOL/NSAID PCM/ORAMORPH | 2 1 | 0 2 |
| COCODAMOL | 2 | 1 |
| COCODAMOL/NSAID | 5 | 1 |
| PCM/ CODEINE | 2 | 6 |
| PCM/CODEINE/NSAID | 2 | 1 |
| Other combinations | 2 | 6 |
| Adjuvants eg: gabapentin | 1 | 1 |
| | | |

Conclusions

- Patients are generally satisfied with pain relief following TKR/THR
- 2. Most patients following TKR require stronger analgesia post operatively than THR
- TKR patients on average require 7 days Oxycontin 2. TTO, some felt up to 15-20 days would be best
- Not all patients (14) following THR, required Oxycodone
- 5. PONV is generally well controlled
- Paracetamol +/- NSAID's are the most common co-analgesics

Recommendations

- All patients opiate medication should be reviewed post-operatively on Day1 or 2 and TTOs individualised before discharge
- 2. Consider if THR patients need Oxycontin?
- 2 different laxatives to be offered regularly, not PRN
- Continue to audit (post-operative pain relief) to include constipation. Review post op discharge information.

References:

- 1. Derry CJ, Moore RA; Single dose oral ibuprofen plus oxycodone for acute postoperative pain in adults; Cochrane Database Syst Rev. 26;6
- Lombardi AV, Berend KR, Adams JB; A rapid recovery program: early home and pain free; Orthopedics. Vol 7;33(9):656, Sep 2010

Acknowledgments

Northhampton General Hospital Acute Pain Service