**The Role of early intervention in the Acute Pain Management**

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Regional anaesthesia has an established role in the setting of perioperative acute pain management. Its use is currently expanding in the field of “acute non-surgical” and “acute on chronic” pain. More data show advantages of regional anaesthesia as part of multimodal regime avoiding the side effects of the medications (especially opioids), improving function, better patient satisfaction and early discharge, reducing the cost of prolonged hospitalization which has detrimental effects on patients’ health.

**Aims**

We are presenting a snapshot of an ongoing prospective audit.

We have introduced a pathway to facilitate accelerated access to SDU lists and/or follow-up in chronic pain clinic, with a view to reduce length of stay and improve patient outcomes.

We started collecting data in February 2017 for patients who are referred to the acute pain team by different disciplines, such as A&E, Medical and Surgical wards, with intractable/uncontrolled acute or acute on chronic pain of any description.

The primary aim is to investigate if early intervention would be beneficial in terms of

1. Reduction in pain intensity
2. Reduction in analgesia mainly the opioid consumption
3. Improved function/ mobilization
4. Early discharge from the hospital

The secondary aim is to investigate:

1. The reduction of multiple admissions and visits to A&E
2. Prevention of transition from acute into chronic pain

The above secondary aims will be investigated at the completion of the survey in a years’ time.

**Methods**

We have included ten patients who were inpatients and referred to the acute pain team in James Cook University Hospital with uncontrolled pain where:

* Analgesia with simple analgesics and opioids failed to provide any benefit
* Early intervention such as injections with LA and steroids deemed appropriate.

**Results**

10 patients were referred to our service that had early intervention, between February and May 2017, as shown in the table.

|  |  |
| --- | --- |
| **diagnosis** | **intervention** |
| Acute low Back Pain | Facet joint injection |
| Acute low Back Pain | Lumbar Epidural |
| Acute low Back Pain | Facet joint injection |
| Radicular (lower limb) pain | Caudal epidural |
| Radicular (lower limb) pain | Nerve root (lumbar) block |
| Radicular (lower limb) pain | Nerve root (sacral) block |
| Radicular (lower limb) pain | Nerve root (sacral) block |
| Radicular (lower limb) pain | Caudal epidural |
| Headache | Occipital nerve block |
| Shoulder pain | Subacromial joint block |

* All (100%) of the patients reported poor functional status prior to the interventions with severe pain (VAS > 8/10).
* All (100%)of the patients reported improved function such as increased mobility and improved quality of sleep that enabled them to engage with physiotherapy or even discharge from hospital in two cases.
* The intensity of the pain was reduced more than 30% in 7 out of ten patients.
* The average time interval from the review date until the patient underwent the intervention is 5.5 days with a range from 0 days to 17 days.

**Conclusion**

The preliminary data of our survey shows promising results of the incorporation of early interventions in the acute pain management. Our results resonate the last recommendation from the NICE guidelines which do suggest regional blocks as part of patients’ treatment plan who are diagnosed with mechanical back pain and conservative treatment failed to provide good pain relief.

**References**

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