

Review of Pain Intensity Outcomes in the 24 Hours Post-Surgery as a Reflection of Perioperative Pain Services at the UHKDU: Points to Ponder

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Postoperative pain is well known to have adverse outcomes on recovery from surgery. Perioperative pain services established at the institutional level are solely responsible for ensuring 'pain free' recovery from surgery. Despite multifaceted outcomes of postsurgical pain, intensity of pain is widely used as an outcome measure to reflect on pain services in place. Pain records of 93 patients who have undergone major and intermediate surgeries at the UHKDU over a period of six months were retrospectively reviewed, to evaluate pain outcomes within 24 hours of surgery. Self-assessed intensity of pain on a Numerical Rating Scale (NRS) from 0 (no pain) to 10 (worst pain), recorded by the pain team was studied. The analysis showed a mean pain score (PS) of 2.44 (SD \pm 1.80), with no significant difference between surgery of major or intermediate grade in the immediate post-surgery period. However, statistically significant differences in PS up to 6 (2.52 \pm 1.58, highest), 12 (2.50 \pm 1.38) and 18 hours (2.16 \pm 1.29, lowest) (p = 0.010) were observed. PS among varying types of anaesthetic techniques were statistically significant (p = 0.005) with the highest following Combined Spinal Epidural (CSE) (3.47 \pm 2.06) compared to the lowest following spinal (1.00 \pm 1.22), in the immediate post-surgery period. The highest PS were reported following ENT surgery compared to the lowest following obstetrics up to 6 (p = 0.019), 12 (p = 0.035) and 18 (p = 0.021) hours post-surgery. Based on the findings, we conclude that the perioperative pain services at the UHKDU are to be upgraded enabling improved post-surgery pain outcomes, irrespective of time and type of anaesthetic or surgery.

Keywords: Postoperative pain, Pain intensity outcomes, Perioperative pain services