Postoperative Pain Service at the University Hospital, KDU: Review of Strengths and Weaknesses of Analgesic Practices with a View to Improving Quality and Safety

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Evidence suggests that pain services affect both morbidity and duration of post-surgery hospital stay. Despite an increased focus with new standards set, postoperative pain is often undertreated and mismanaged. The study was conducted to evaluate strengths and weaknesses of postoperative analgesic practices within 24 hours post-surgery, at the University Hospital, KDU (UHKDU). Pain records of patients (93) who had undergone surgical procedures of intermediate (*n*= 22,23.7 %) and major(*n*=71, 76.3%) nature, under general anaesthesia (GA) (*n*=49, 52.7%), spinal (*n*=13, 14%), epidural (*n*=4, 4.3%), combined spinal epidural (CSE) (*n*=12, 12.9%) and combined GA & Regional (n=15, 16.1%) were retrospectively analysed in terms of analgesic prescriptions and administration. Postoperative analgesics were prescribed for all on regular basis in appropriate dosage, but only 40 (44.25%) were administered the medications before leaving the recovery, however with no statistically significant difference in mean pain scores(PS) in the immediate postoperative period (2.30$\pm$ 1.78 compared to 2.54$\pm$ 1.82; p>0.05). Other than for one patient, appropriate multimodal analgesics were prescribed for all, and administered regularly for 67.7% (*n*=63),not regularly for 31.2% (n=29) and none for 1.1% (n=1). Although, no statistically significant difference in PS was noted among the groups ,mild to moderate pain was reported6 hourly, over 24 hours post-surgery with mean PS of 2.52 $\pm$ 1.58, 2.50 $\pm$ 1.38, 2.16 $\pm$ 1.29and 2.13 $\pm$ 1.39. Despite the satisfactory practices noted in relation to analgesic prescriptions, practices in respect of analgesic administration were substandard requiring regularization of service to achieve better post-surgery pain outcomes.

Keywords: Postoperative pain, Multimodal analgesics, Pain score