

Pain Alleviation after Surgery

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Introduction

- The patient's presenting symptom is frequently pain. It has the potential to provide useful clinical information, and it is your job to use that information to assist the patient and relieve suffering.
- Manage pain wherever you meet patients (emergency, operating room, and ward) and anticipate their post-surgery and discharge pain management needs.
- Do not postpone pain management needlessly; for example, do not move a patient without analgesics just so the next practitioner can assess how much pain the patient is in [1].

Description

Techniques and management of pain

- Opiate analgesics are important injectable medications for pain and are an important aspect of postoperative therapy. Nonsteroidal anti-inflammatory medicines (NSAIDs) including diclofenac (1 mg/kg) and ibuprofen, as well as paracetamol (15 mg/kg), can be given orally and rectally [2].
- An opiate may be given in three situations: prior to surgery, during surgery, and after surgery.
- Although an injured patient in agony may have been given an opiate before arriving to the operating room, opiate premedication is rarely indicated.
- Opioids taken prior to or during surgery have significant postoperative consequences, including delayed recovery and respiratory depression, which may necessitate artificial ventilation.
- Opiate with a short half-life. To avoid this long-lasting effect, fentanyl is given intra-operatively.
- Naloxone blocks (reverses) all opiates, but its action is short-lived [3].
- Pethidine and morphine are two affordable opiates that are widely available.
- Morphine has ten times the efficacy of pethidine and lasts ten times as long.
- The best technique to deliver analgesia after surgery is to: - Give a small intravenous bolus of around a quarter or a third of a gramme of analgesic maximum dose (for example, 25 mg pethidine or 2.5 mg morphine) for a typical adult

Wait 5–10 minutes to see what happens: the desired outcome is analgesia, but consciousness is kept

- ✓ Calculate the correct total dose (for example, 75 mg pethidine or 7.5 mg morphine). morphine and administer the remaining dose intramuscularly.
- ✓ The patient receives analgesia fast and at the correct dose with this procedure.

- ✓ If opiate analgesia is required on the ward, the following intramuscular regimen is usually used:
- 34 Morphine is a narcotic that is used to treat pain [4].
- From the age of one year to adulthood: 0.1–0.2 mg/kg
- From the age of three months to one year: 0.05–0.1 mg/kg
- 34 Pethidine: if taking pethidine, provide 7–10 times the above doses.
- If the child is under the age of one year, opiate analgesics should be used with caution. They are not suggested for babies under the age of three months unless they can be monitored closely in a neonatal intensive care facility.

Children's anaesthesia and pain management

- Ketamine anaesthesia is commonly used in rural areas for children (see pages 14–14 to 14–21), but it is also effective for pain relief.
- Children experience pain in the same manner as adults do, but in different ways.
- Reduce the amount of pain associated with surgical procedures:
- ✓ Oral paracetamol can be given many hours before surgery. - In the operating room, local anaesthetics (bupivacaine 0.25 percent, not to exceed 1 ml/kg) can help with incisional discomfort [5].
- ✓ Paracetamol (10–15 mg/kg every 4–6 hours) is a safe and effective approach for treating postoperative pain when given by mouth or rectally.
- ✓ Use intravenous opioids (morphine sulphate 0.05–0.1 mg/kg IV) every 2–4 hours for more severe pain. Ibuprofen 10 mg/kg can be given by mouth every 6–8 hours. Codeine suspension 0.5–1 mg/kg can be given by mouth every 6 hours, as needed [6].

Adverse effects

There are many types of pain management. Each has their own benefits, drawbacks, and limits [7].

Conclusion

A common challenge in pain management is communication between the health care provider and the person experiencing

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pain. People experiencing pain may have difficulty recognizing or describing what they feel and how intense it is. Health care providers and patients may have difficulty communicating with each other about how pain responds to treatments [8]. There is a risk in many types of pain management for the patient to take treatment that is less effective than needed or which causes other difficulties and side effects. Some treatments for pain can be harmful if overused. A goal of pain management for the patient and their health care provider is to identify the amount of treatment needed to address the pain without going beyond that limit [9].

Another problem with pain management is that pain is the body's natural way of communicating a problem. Pain is supposed to resolve as the body heals itself with time and pain management. Sometimes pain management covers a problem, and the patient might be less aware that they need treatment for a deeper problem [10].

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Conflict of Interest

None

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