Post-Operative Analgesia

Post-operative pain is often underestimated and inadequately treated. Effective relief of pain is of paramount importance for humanization reasons as well as physiological benefits. There is evidence that under-treatment of post-operative pain leads to increased morbidity and mortality, mostly due to respiratory and immunosuppression complications, increased hospital stay, impaired quality of life, and development of chronic pain.

- **Condition**
  - Stress response to surgery
- **Complications**
  - Trauma tissue results in release of mediators of inflammation and stress hormones
  - Fatigue of the stress response leads to systemic breakdown
  - Increased risk of infection

Regional blocks

- **Complications**
  - Numbness
  - Shortness of breath
  - Sudden decrease in blood pressure
  - Retention of pulmonary secretions
  - Increased coughing
  - Respiratory depression
  - Infection

- **Cardiovascular complications**
  - Hyperkinesis
  - Tachycardia
  - Tachypnea
  - Hypotension
  - Myocardial infarction
  - Angina

- **Psychological complications**
  - Pre-operative fear may provoke anxiety, which can lead to:
    - Anger
    - Anxiety
    - Hostility to medical and nursing personnel

- **Gastrointestinal Complications**
  - Gastric stasis
  - Retention of gastric secretions
  - Inadequate as sole analgesic agent after anaesthetic agent used

Other pains

- With a better understanding of the function of the different modes of analgesics, we should endeavour to practise the concept of multi-modal analgesia to control post-operative pain with less side effects. The combination of peri-operative patients will be able to diminish more easily and softer, thereby reducing the physiological complications.

Other pain

- It is important to evaluate the patient whose pain cannot be controlled for immediate and delayed post-operative complications. The underlying cause of pain needs to be correct before increasing the dose and frequency of analgesics.

- Immediate complications include wound dehiscence, bleeding, wound, bowel obstruction, sensory, sympathetic nervous system, haematoma, which need to be evaluated in the event of uncontrolled pain.

- Delayed complications include wound infection, cavity formation, urinary retention, investigation, scale palpable and other minor complications.

- It is important to establish the cause of the pain and correct it rather than compound the problem further with further analgesia.

- Wound drains can cause superficial discomfort and should be removed as soon deemed appropriate. Tighter dressings can also incur degree of discomfort and should be avoided wherever possible.

- It is important when addressing the patient’s post-operative pain to evaluate the type and severity of pain in order to treat the patient’s needs. A pain free post-operative period will help a smoother post-operative recovery.

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Post-operative pain management

- Analgesia
  - Opioids
    - Intravenous delivery via patient-controlled analgesia
    - Oral
    - Intramuscular
  - NSAIDs
    - Can be used as pre-analgesic analgesics, reducing the opioid requirement during surgery
    - Has non-sedative effect so oral diet can be established earlier
    - Reduces effect on sleep and bowel activity

- Multi-modal analgesia
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When a baby is born prematurely, parents are faced with starting parenthood differently than if their baby was born full term. Rather than being able to hold, comfort, and console the newborn baby is taken to the neonatal ward. Instead of feeling the joy, wonder, and excitement of a healthy newborn baby, parents may feel overwhelmed and unsure of what to do next. However, they still have a very important role in helping the preemie develop in the early weeks.

1. What is Developmental Care?

Developmental Care (DC) is a sensitive approach to care in the neonatal unit which is essential for the brain development of all premature babies. It is based on the understanding that the preterm baby is in a very early stage of development and has a very different perception of the world compared to a full-term baby. The principles of DC are centered around the idea of allowing the baby to be in control of their own environment and to be as much active and engaged as possible within their capabilities.

2. Understanding Age-Specific Stage Of Development Of A Preemie

Premature babies are very different from full-term babies in terms of their development. They are born before their brain has had the chance to fully develop, which impacts their ability to interact with the world around them.

- Before 28 weeks: These babies are very vulnerable and need to be in a sterile environment to prevent infections. They are not able to maintain their body temperature on their own and are typically placed on oxygen and other medical treatments.
- 28-32 weeks: During this period, the baby is still very small and fragile. They are able to maintain their body temperature on their own but still require oxygen and other medical treatments.
- 32-34 weeks: These babies are closer to term and are able to breathe on their own. They are still very fragile and require medical interventions to help them adapt to the world.
- 34+ weeks: At this stage, the baby is considered to be near term and is able to adapt to the world on their own. They are still at risk for certain medical issues but are generally in better shape compared to earlier stages.

- Pain in Gynecological Cancers

Pain is a significant problem in many gynecological cancers both for patients with such diagnosis but also for those who have completed treatment and may lose the fear. Severe and long-lasting pain is the primary variable on which survival is inversely related. Pain management is one of the most critical aspects of patient care, and it is crucial to provide effective pain management for all patients.

- Treatment

The management of pain in gynecological cancer patients has been an area of intense focus due to the significant impact of pain on quality of life. Various approaches have been taken to manage pain in these patients, including medications, physical therapy, and palliative care. However, pain management remains a challenge due to the complex nature of gynecological cancers and the associated pain and symptom burden.

- Pain States

- Unclear pain (also called "new pain""). The pain is not clearly related to a known cause or a previous injury.
- Known cause pain (also called "known pain""). The pain is clearly related to a known cause or a previous injury.
- Psychogenic pain (also called "psychological pain""). The pain is not clearly related to a known cause or a previous injury but is caused by psychological factors.

- Pain Features

- Persistent pain
- Intermittent pain
- Chronic pain
- Acute pain

- Pain Assessment

- Visual analog scale (VAS)
- Numeric rating scale (NRS)
- Face pain scale (FPS)
- Behavioral pain scale (BPS)

- Pain Management

- Medications
- Physical therapy
- Occupational therapy
- Psychosocial interventions
- Complementary therapies

- Palliative Care

Palliative care is a comprehensive approach to care that is focused on improving the quality of life for patients with serious illness. It is provided along with other treatment and is not meant to cure the disease.

- Pain Management for Gynecological Cancers

- Pain assessment
- Pain management protocols
- Symptom management
- Palliative care
- Patient education

- Referral to Palliative Care

A referral to palliative care may be needed if the pain is severe, unrelenting, or if other treatments have failed. Palliative care can help improve the quality of life by managing pain and other symptoms, providing emotional support, and fostering a sense of peace and comfort.

- Pain Management Strategies

- Medication management
- Physical therapy
- Occupational therapy
- Complementary therapies
- Nutrition management

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