



Acute Postoperative Pain Management

Does effective acute postoperative pain management have an impact on orthopaedic patients' length of stay?

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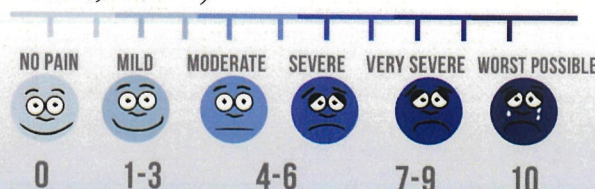


What is the Issue?

Poor postoperative pain management is known to be associated with lower patient satisfaction, slower recovery, longer lengths of stay, and higher costs of care. Giving optimal pain care management in surgical settings is of utmost importance in patient recovery, and improves their functional ability (Helfand & Freeman, 2008). Due to variations in patients' pain perceptions and thresholds, the type of surgery, the patients' expected durations of pain, the methods of pain management, and patient factors, surgical pain management is often too complex to make generalisations about and needs to be addressed individual per individual. Inadequate patient education about the importance of pain reporting and management results in patients reporting pain less, making it more difficult overall to control (MacLellan, 2004).

Why is it Important?

- In the long-term, it was found that patients who experienced moderate to intolerable acute postoperative pain had a 3-10 times higher risk of developing chronic pain, compared to patients who experienced mild pain (Husted, 2012).
- Acute pain brings emotional distress leading to restlessness, frustration and hopelessness. The severity of acute postoperative pain was found to be strongly associated with patients' preoperative emotions and their ideas of pain (Lumley et al., 2011).
- As well as prolonged acute pain delaying recovery, postoperative complications resulting from poor pain management could potentially increase the patients' length of stay (MacLellan, 2004).



Literature Review and Findings

- Immediate postoperative pain levels and anxiety are associated with the pain that the patient will experience over the next three days (Lindberg et al., 2017).
- Unresolved acute postoperative pain brings unnecessary patient suffering and contributes to mental decline (Wylde, Rooker, Halliday, & Blom, 2011).
- Lower levels of immediate postoperative pain were associated with earlier returns to activities of daily living (Horikawa, Miyakoshi, Shimada, & Kodama, 2014).
- Preoperative anxiety was identified as a definite factor increasing postoperative pain (Baily, 2010; Stark et al., 2014).
- Providing calming music preoperatively and intraoperatively was proven to decrease pain and anxiety intraoperatively and postoperatively (Allred, Byers, & Sole, 2010).
- Prolonged acute postoperative pain delays recovery and increases the patients' length of stay (MacLellan, 2004).

Recommendations

- Provide the patient preoperatively with basic education about the procedure, about what will happen and how it will feel, to decrease anxiety.
- Encourage the patient to be an active participant in their pain management.
- Prepare the patient psychologically for the operation and include cognitive interventions to reframe any negative thoughts about the procedure and to develop positive thoughts.
- Provide the patient with calming music preoperatively and intraoperatively, if possible, to reduce pain and anxiety.
- Ask patient if they have any preferences of pain management methods.
- Reassure patient that pain needs will be met, explain about the pain scale, and the importance of accurate reporting of pain to the healthcare staff.

Conclusion

We, as nurses, have a unique role in preparing the patient not only physically, but also psychologically, for their surgery. By encouraging patients' active participation in their journey, and to work in partnership with all the healthcare team, as well as by preparing the patients psychologically for the operation, we will achieve optimal results with regard to the patients' overall satisfaction with their hospitalisation, as well as their length of stay (Helfand & Freeman, 2008; MacLellan, 2004).

References

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Rational

I chose a poster as a way of distributing my evidence and findings in regard to acute pain management because my research in Assignment 1 was very broad and I came up with many findings that were not only related to acute pain management but also to the delivery of nursing care which mainly focused on preoperative patient psychological preparation.

By creating a poster, I was able to narrow down my findings and deliver specific information to my audience in a simple, succinct, and visually appealing way that promotes active learning (Rowe & Ilic, 2009). By doing so, my message can be simply transferred to any health sector, by relocating my poster, and presented to any audience in a way that is clear and easy to navigate.

PECOT Model

To narrow my topic, I have used the PECOT Model by Schneider et al. (2013) to formulate my poster question:

Does effective acute postoperative pain management have an impact on orthopaedic patients' length of stay?

PECOT Category	Information related to question	Explanation
Population	Postoperative orthopaedic patients	To research the national statistics and the impact of effective acute pain management on recovery and length of stay.
Exposure (intervention)	Effective postoperative pain management	To explore various methods of acute postoperative pain management and find if effective pain management has an impact on patients' length of stay.
Comparison	Postoperative pain levels	To compare different levels of pain and explore their impact on patients' recovery.
Outcome	Effects on length of stay	To research the impact of the variable on the length of hospital stay.
Time	Postoperation until discharge	To explore the timeframe from time of operation to post-operation discharge.

References

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