



MANAGEMENT OF POSTOPERATIVE PAIN AT MOHAMMED V MILITARY TEACHING HOSPITAL, RABAT, MOROCCO



CPC-080

S. Makram¹, W. Enneffah², I. Zakariya², M.A El Wartiti², I.I. Fabrice³, N. Cherkaoui⁴, A. Bennana²

¹Mohammed V Military Teaching Hospital - Faculty of Medicine and Pharmacy, Pharmacy - Pharmacology, Rabat, Morocco.

²Mohammed V Military Teaching Hospital - Faculty of Medicine and Pharmacy, Clinical Pharmacy - Therapeutic Chemistry, Rabat, Morocco.

³Faculty of Medicine and Pharmacy - Mohammed V University, Souissi, Rabat, Morocco.

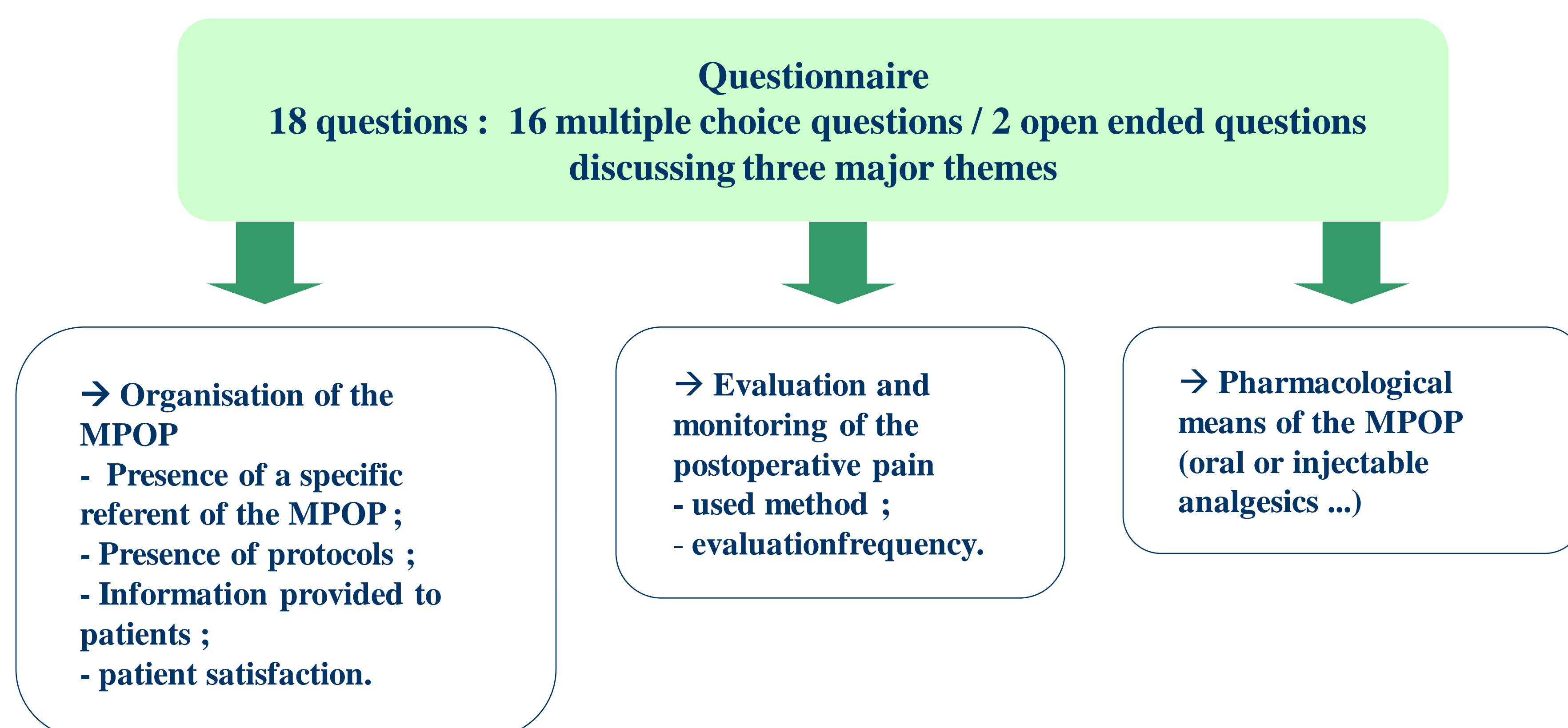
⁴Mohammed V Military Teaching Hospital - Faculty of Medicine and Pharmacy, Pharmacy - Galenic Pharmacy, Rabat, Morocco

INTRODUCTION :

Nowadays, the management of postoperative pain (MPOP) is a requirement for the quality of care. The organization of this management, the assessment and the monitoring of the postoperative pain and the control of the "drug" factor are the main axes to ensure the care quality. This is a descriptive study, performed on a period of 9 months from July 2011 to March 2012, which was carried out in the departments of Anesthesiology and Surgery of the Mohammed V Military Teaching Hospital of Rabat (MVMTH-Rabat). The key results of the study were the absence the MPOP Committee, the absence of a specific referent for the MPOP (88.9% of the professionals surveyed), the absence of a written protocol (81.5% of the professionals surveyed) and the absence of patient satisfaction evaluation relative to the MPOP by the end of their treatment by having them fill out an evaluation form (68% of the professionals surveyed). The MPOP at MVMTH-Rabat remains satisfactory, but there are still some failures that must be corrected by setting up of written procedures, repositories and a committee to fight against postoperative pain at MVMTH-Rabat to ensure a better care quality for our patients.

CONTEXT OF THE STUDY :

This is a descriptive study that permitted us to make a state of play of the MPOP by an audit (using a questionnaire) with anesthetists and surgeons, which has led to the elaboration of the MPOP repository. This study was carried out in the departments of Anesthesiology and Surgery of the Mohammed V Military Teaching Hospital of Rabat (MVMTH-Rabat) over a period of nine months from July 2011 to March 2012.



Results :

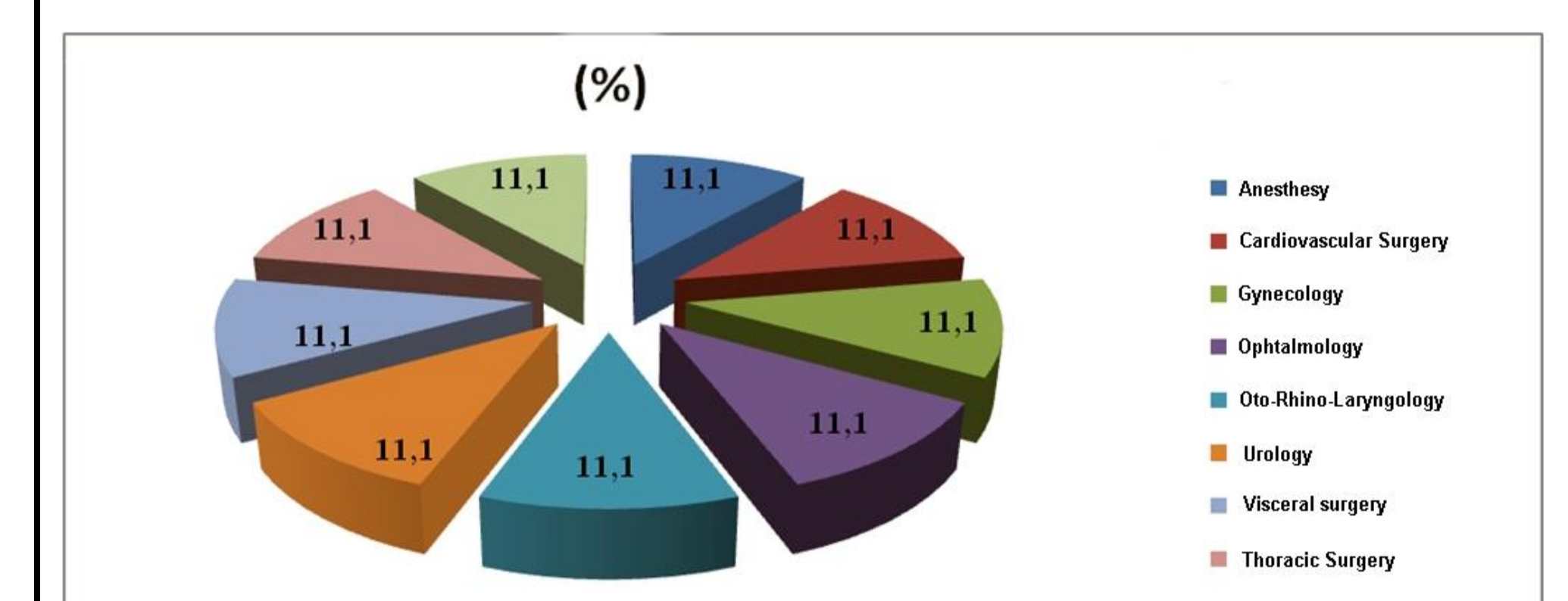


Fig 1. Distribution of the target population by service

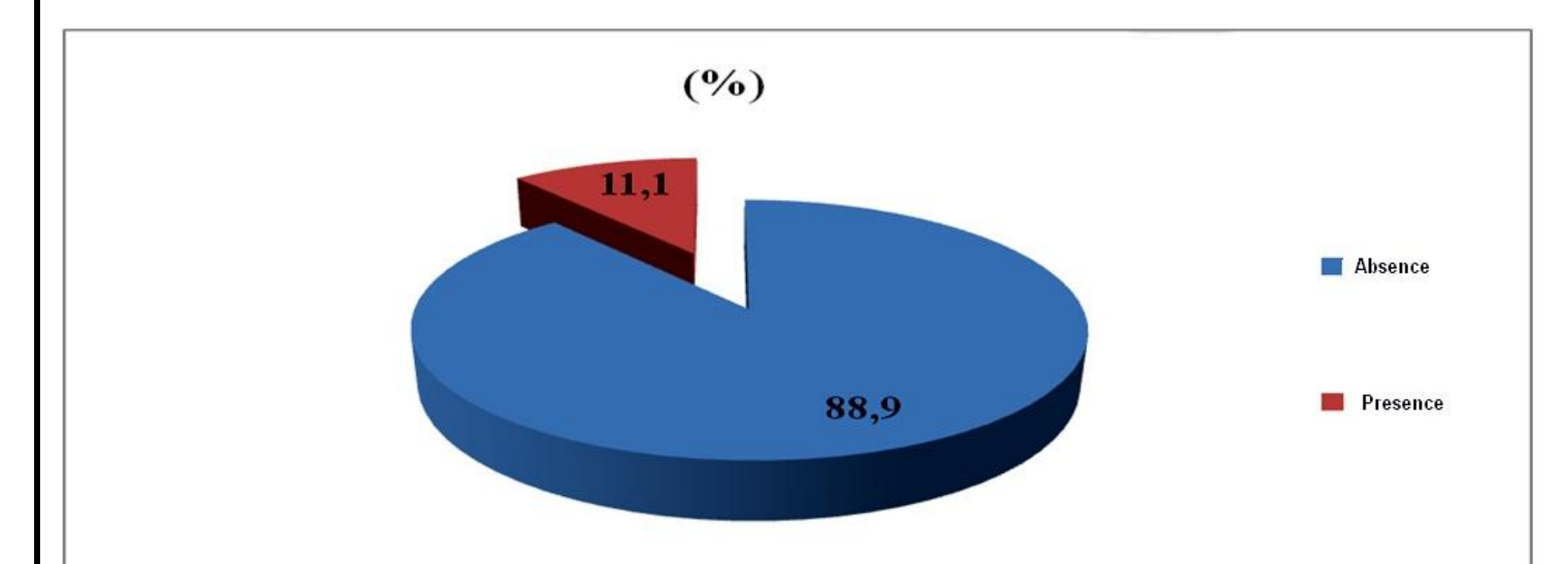


Fig 2. Presence or absence of a pain committee or referent

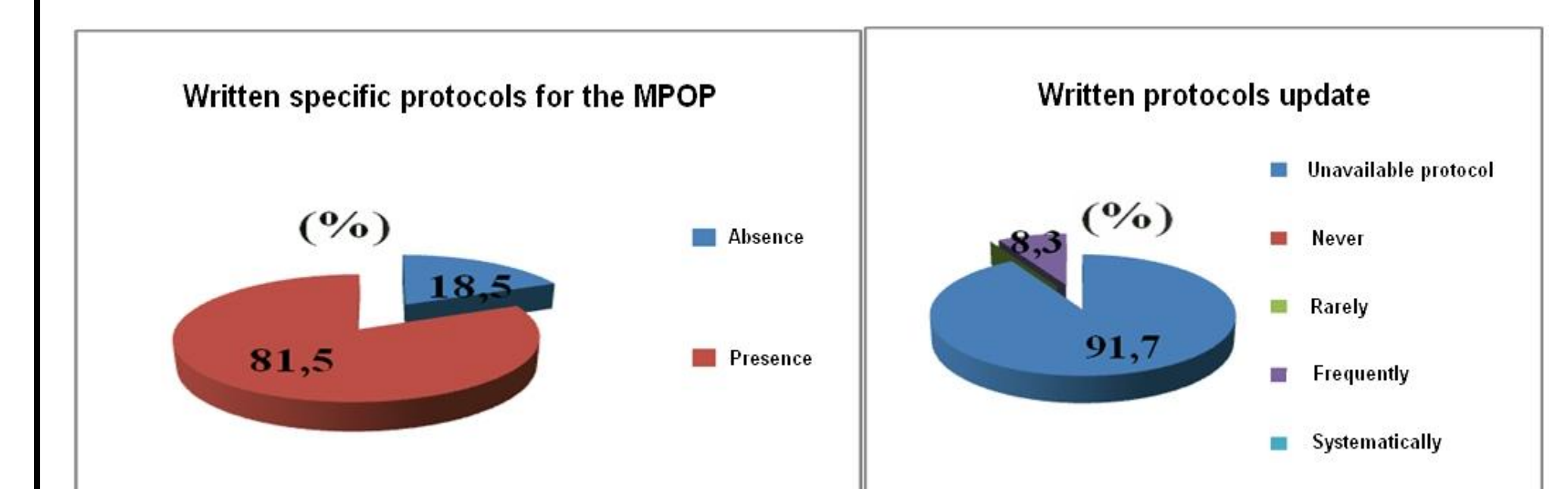


Fig 3. Existence and update of postoperative pain specific protocols

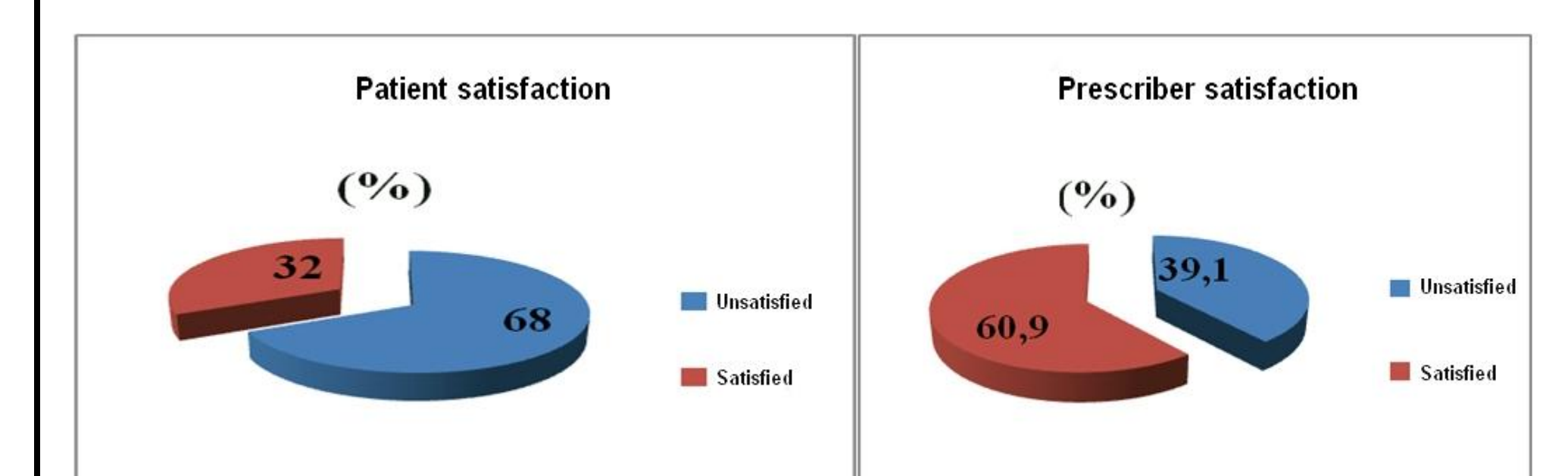


Fig 4. Satisfaction evaluation

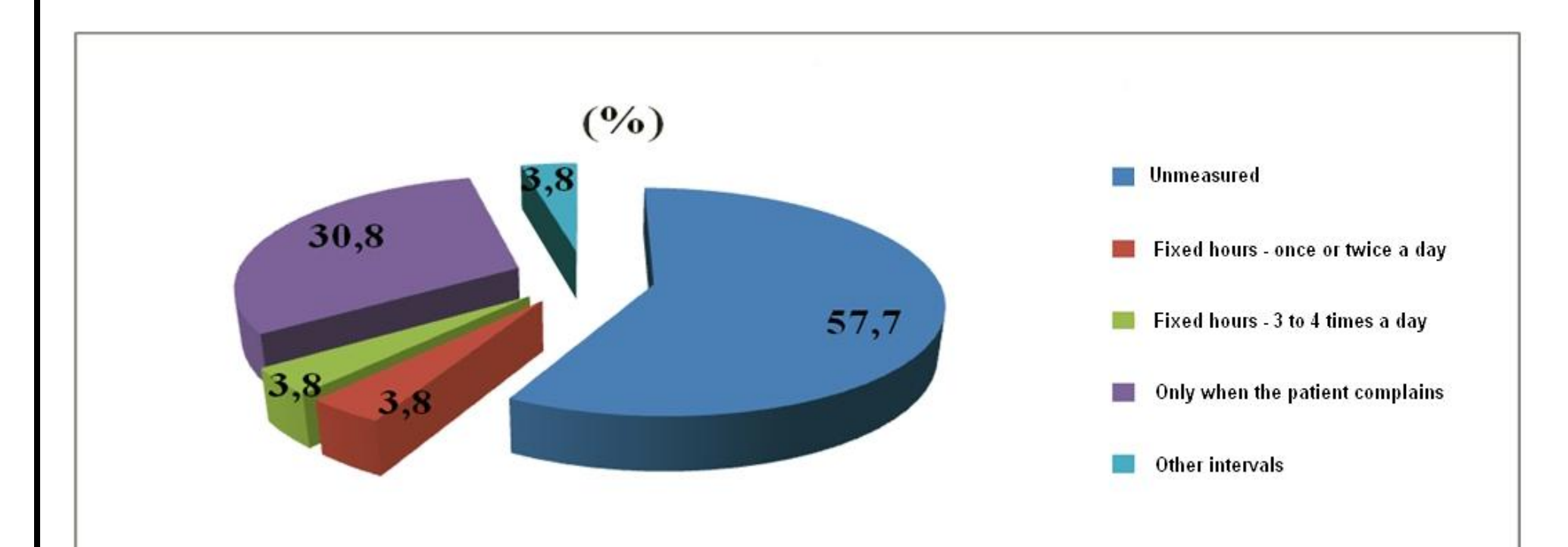


Fig 5. Postoperative pain evaluation frequency

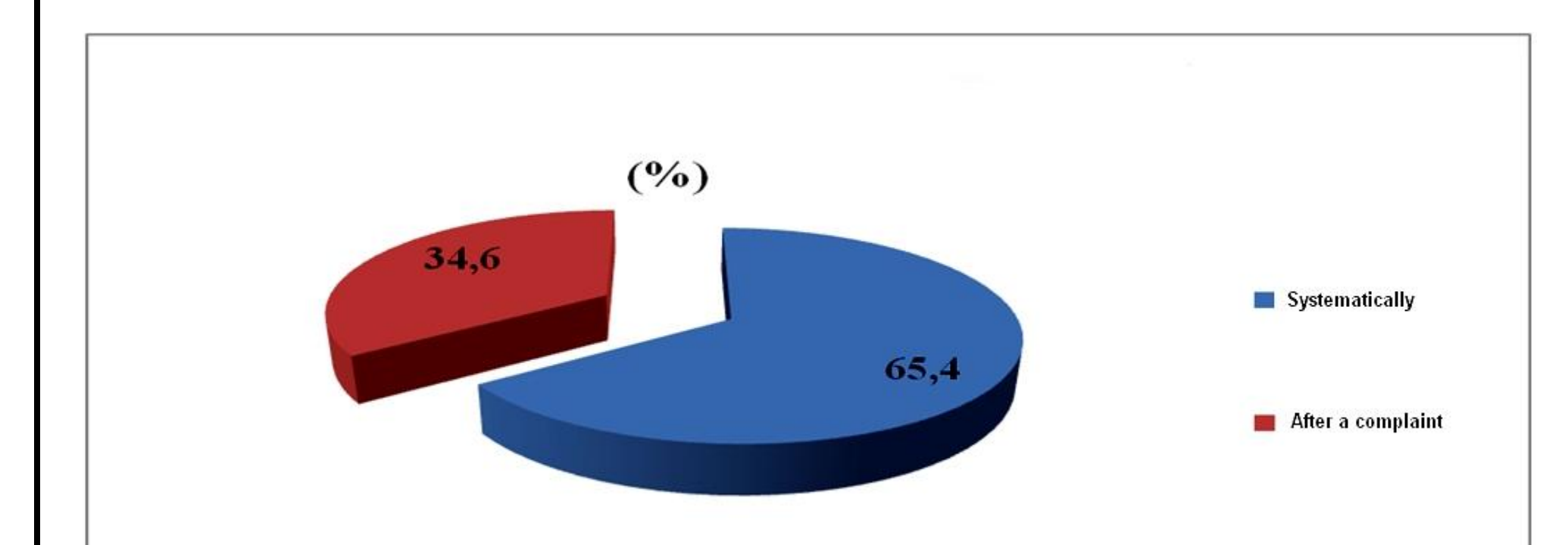


Fig 6. Treatment modalities of postoperative pain in the surgical unit

DISCUSSION :

By analyzing all the results, we can observe that the MPOP at MVMTH-Rabat is satisfactory overall. However, to continuously improve the care quality, this study has permitted to establish some recommendations for all stakeholders involved :

- The analysis of practices by the census of existing documents and materials, as well as the survey of the incidence of postoperative pain in patients.
- The drafting of analgesia and monitoring protocols by a multidisciplinary team to ensure management continuity of postoperative pain in the hospital unit. These protocols must be simple to use and permanently displayed on all sites.
- A training plan for all medical and paramedical staff.
- Setting up postoperative pain assessment tools. A pain score at rest and on dynamic situation is recorded on the patient monitoring sheet, as well as other parameters. Monitoring of side effects including sedation score will also be recorded at regular intervals.
- Patient information: the preanesthetic consultation is an ideal time to transmit the information to the patient. The result of this consultation is to be recorded in the patient file.
- Monitoring of compliance with procedures established by a regular evaluation of the application of protocol and results.
- It is recommended to brief a team about postoperative pain by designating a responsible within the medical team of anesthesia. The creation of an "expert nurse" function is a key success factor of this program.
- The choice of the analgesia technique depends on its efficiency in controlling the postoperative pain, and the possibilities of monitoring and treatment to ensure patient safety.

CONCLUSION :

Pain is an integral component of any surgical procedure. Outside the operative period itself during which advances in anesthesia have improved the intervention quality for both patient and surgeon, we must mainly consider the postoperative pain, especially since it is predictable and often intense. Reducing postoperative morbidity requires a limitation of complications related to surgery and bedrest, which will be reflected in patients by a rapid return to autonomy.

The MPOP is nowadays imperative for the care quality. The organization of this management, the evaluation and the monitoring of postoperative pain, and the control of the "drug" factor are the main axes to ensure that care quality.

REFERENCES :

- A. Belbachir a, D. Fletcher b,*, F. Larue c, Prise en charge de la douleur postopératoire : évaluation et amélioration de la qualité. Quality improvement and its evaluation for postoperative pain management, Annales Françaises d'Anesthésie et de Réanimation 28 (2009) e1-e12
- B. M. Galinski *, M. Ruscev, F. Pommerie, G. Hubert, M. Srij, F. Lapostolle, F. Adnet, Prise en charge de la douleur aiguë sévère chez l'adulte en médecine extrahospitalière : enquête nationale auprès des médecins de Smur, Annales Françaises d'Anesthésie et de Réanimation 23 (2004) 1149-1154
- C. Mann, C Béziat, Y Pouzeratte, G Boccaro, G Brunat, B Millat, P Colson, Programme d'assurance qualité de prise en charge de la douleur postopératoire : impact de la Conférence de consensus de la Sfar, Annales Françaises d'Anesthésie et de Réanimation, Volume 20, Issue 3, March 2001, Pages 246-254