

Improving perioperative pain

The 2018-19 PQIP report found more than 1 in 5 patients experienced severe pain within 24h of surgery.

A much lower proportion (1 in 13) report pain in the immediate recovery period.

Check your local data - do you have the same problem?
Then look below for our top tips!



Before

Preparatory materials
(e.g. "Fitter Better Sooner") and/or
Surgery School

Pre-op referral for 'at risk' patients to
pain management services
(e.g. patients with pain-related anxiety,
chronic pain, long-term analgesia)



During

Local protocols for **multi-modal analgesia** including consideration of NSAIDs, gabapentinoids, low-dose ketamine etc where indicated

Procedure specific protocols for
regional blocks, wound catheters,
infiltration and regional anaesthesia



After

Local audit to identify **structural issues**
e.g. inadequate prescribing of regular
meds
or **process issues** e.g. blocks wearing off
overnight; inadequate prn meds
Remember: mobilisation may be painful!
and pre-empt accordingly

Consider if 'at risk' patients require
evening/overnight pain review

When prescribing opioids and other
strong painkillers, remember
'de-prescribing' too