

Acute postoperative pain assessment in the patient care in the clinics of Latvia

Iveta Strode¹, Ināra Dupure¹, Sandra Seimane¹,
Ināra Logina², Inga Millere³

1 P. Stradinsh Medical College of the University of Latvia, Faculty of Medicine, Latvia

2 Riga Stradinsh University, Department of Neurology, Latvia

3 Riga Stradinsh University, Department of Nursing, Latvia

Background

- Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.
- Due to the fact that nurses have prime role in promotion of comfort and pain relief, it is crucial that they perform accurate pain assessment.

Background

- 15% of patients experience mild pain or don't experience pain at all – risk of unreasonable administration of analgesics
- 15% of patients experience intensive pain – receive inadequate conventional post-operative analgesics.
- Have to consider *usual* period of intensive pain
 - In thoracic surgery ≥ 4 days
 - Upper abdominal surgery ≥ 3 days
 - Lower abdominal surgery ≥ 2 days, etc

Background

- Nurses have more contact with hospitalized patients than any other member of the healthcare team.
- Correct assessment of acute post-operative pain and effective prevention may improve functional results, lessen body response to stress of operation, prevent complications and improve quality of life (Kehlet et al, 1989).
- Very few investigations of acute and chronic pain influence on recovery process, progress and outcome of illness, assessment of pain intensity and quality are performed in Latvia.

The aim of the study

- The aim of the study was to explore applied patient postoperative pain assessment methods in the clinical practice and the factors that significantly affect patients` subjective pain perception.

Methods

- Study utilizes quantitative research method.
- Survey was carried out in the surgical profile and ICU in Riga and regional clinics.
- The questionnaire was chosen as an investigation tool.
- There were involved 498 nurses and 373 postoperative period surgical and trauma patients with acute pain syndrome.
- Statistical data analyses were performed using MS Office Excel program.
- For assessment of statistical credibility was utilized χ^2 test method (Chi-square method).

Results

- Prevailing pain assessment method is patient`s subjective status evaluation - 74% (368/498) of nurses prefer to question patients about their pain, whereas 27,91% (139/498) mention, that they assess pain by activation of patient or by changing their position.
- Visual analogue scale is utilized by 16% (78/498), verbal pain scale by 12% (60/498), numerical pain rating scale by 25% (124/498) of nurses. Nurses with higher education uses this method more often ($p < 0.00$).
- Nurses don`t use behavioral pain scale - designed for use with non-verbal patients unable to provide self-reports of pain.
- Assessment of postoperative pain as systematic and planned operation was marked by 41% (204/498) of surgical nurses.

Results

- Analgesic ladder – accepted in Latvia as basic pain management strategy.
- Analyzing its application in clinical practice
 - 32% (160/498) of nurses answer that it is only physician`s competence”,
 - 26% (129/498) of nurses answered “Rather yes than no”,
 - 16% (80/498) – “Always”,
 - 14% (70/498) - “Rather no”,
 - 12% (60/498) consider that there is lack of information about the “analgesic ladder”.

Results

- In case of acute pain surgical patients feel fear 30% (112/373), anxiety 31% (116/373), powerlessness 36% (134/373) and depression 22% (82 /373).
- Postoperative pain perception is mainly influenced by staff attitude 79% (294/373), wellbeing 53% (197/373).
- There is difference of patient sensations between planned and not planned surgical interventions.
- Statistically significant difference is observed between patients with previous surgery experience and patients with first time surgery experience.

Conclusions

- The principal clinical pain assessment method is evaluation of patients` subjective status. However this method is insufficiently recorded and objective.
- Pain assessment scales – the tool of pain objectivization – are seldom used in pain evaluation.
- “Analgesic ladder” is rarely used by nurse, 1/3 of nurses believe that it is only physician`s competence”.
- Fear, uncertainty, negative previous experience show more pronounced subjective feelings of pain.