

PD-48. ACUTE PAIN AFTER DISCHARGE FROM AMBULATORY SURGERY

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Introduction: Several Canadian (1,3) and European (2) studies have reported that pain after discharge from ambulatory surgery is often underestimated and under managed. The incidence of moderate to severe pain ranges from 5% (1) to 40% (3) and depends on the type of surgery, the analgesic management and other factors. At our institution, anesthesiologists provide perioperative pain medication and patients are not discharged until their pain is well controlled (VAS \leq 3). However, after discharge, patients are dependent on pain prescription from their surgeons. In addition, Texas state law complicates the prescription of potent opioids for ambulatory purposes by requiring triplicate prescription forms. This study was designed to evaluate the pain that ambulatory patients experience during the first 24 hours after discharge.

Methods: After approval of the Committee for the Protection of Human Subjects at the University of Texas Medical School at Houston, a total of 1000 consecutive patients undergoing ambulatory surgery will be included in this prospective trial. All patients are interviewed per telephone 24 hours after discharge. Patients are asked to rate their highest pain level during the first 24 hours after discharge on a 1-10 pain intensity scale and to rate their satisfaction with their pain treatment. Data are analyzed using the Mann-Whitney-U-Test and chi-square test when indicated and are presented as median (25th-75th percentile) or as percentages.

Results: This is a preliminary report of the first 209 patients. One hundred fifteen patients (55%) experienced pain \leq 3 on the pain intensity scale. Ninety-four patients (45%) had unacceptably high pain levels (4-10) during the first 24 hours after discharge. Patient's satisfaction with their pain treatment was significantly higher ($p < 0.05$) among patients with pain levels \leq 3 than among patients with pain levels between 4 and 10. However, overall satisfaction overall was high in both groups, 94% and 82% respectively. Highest pain levels were 5 (4-6) after laparoscopic and 4 (4-5) after gynecological procedures. A combination of hydrocodone and acetaminophen was prescribed in 48% of patients for pain management and 25% of patients received just acetaminophen. Neither potent opioids nor Cox-2 inhibitors were utilized.

Conclusion: Our preliminary data indicate that pain is frequently undermanaged after discharge from ambulatory surgery at our institution. The percentage of patients who experience unacceptable pain during the first 24 hours after discharge is higher than previously reported. The fact that after discharge, pain is managed by physicians without special training in acute pain treatment and the specific legal situation in Texas may have contributed to this observation. However, patients appear to anticipate suffering pain after ambulatory surgery, as indicated by their high level of satisfaction. It is apparent that education and information are needed for both physicians and patients, to provide more effective pain treatment after ambulatory surgery.

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