Background

• The opioid crisis in the United States related to the misuse and addiction to prescribed opioid medications continues to reach epidemic proportions.

• Millions of Americans who undergo surgical procedures routinely receive opioid prescriptions at discharge.

• Alternative pathways to post-operative pain management need to be explored and utilized. For many surgical patients, nerve blocks can reduce opioid use and expedite mobility. Increased mobility and ambulation can prevent the formation of DVT (Deep Vein Thrombosis) and occurrence of pneumonia related to inactivity.

Methods / Approach

• In a 2020, a Chicago Department of Public Health study, a 52% increase in opioid related deaths were identified between 2019 and 2020. In our community, the majority of operative joint replacement patients reported taking opioid medications due to severe arthritis pain. They are dependent on their medications to perform their activities of daily living.

Local Problem

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Findings / Results

• The nerve blocks are administered in the Holding Room with an Anesthesiologist and an RN. The patient is monitored, the consent is completed and signed. A time out is done to confirm the correct site which is initialed by the surgeon and verified by the patient. It is compared to the consent for accuracy of procedure.

• The effectiveness of the Nerve Block is evaluated via a post-op phone call on the next day and directly interviewing the patient.

• The patient's feedback was compiled over a 24 month period and the results were calculated.

• The timespan of effectiveness per the patient’s evaluation ranged from no pain relief (0) to 24 hours of pain relief with a mean time of 20.5 hours of effectiveness.

• Many patients used no pain medication, others used minimal pain medication during the first 24 hour period.

Discussion / Conclusion

• Patients undergoing total joint replacements were discharged home same day of surgery. Post-operatively, this allowed increased data collection to determine outcomes related to pre-operative regional block administration and management of post-op pain after discharge. Over 200 patients were interviewed and sufficient data was allowed to be compiled which proved beneficial to the study.

Implications for Practice

• Currently, our anesthesiologists are expanding the variety of nerve blocks to include abdominal surgery analgesia blocks I.e.: Transverse Abdominis Plane (TAP blocks). Blocks for knee procedures also include IPACK blocks( Infiltration between Popliteal Artery and Capsule of Knee)

• A rounded ultrasound probe was obtained which allows better visualization in the obese patient population and ability to administer blocks to all patients regardless of size.

Acknowledgements

Acknowledges those individuals who have provided ancillary or intermittent support but who did not make a direct and significant contribution to the study.

Sources of funding are to be recognized.

[Note: Have copies of the abstract or the poster with contact information available to hand out to interested poster session attendees]