Introduction

Main focus goals are to re-address practice problem of post op pain and it’s management. According to our research of pain scales, common acceptable level of pain was 4/10. By reinforcing this standard with our staff and patients, pain appears to be less a problem at discharge.

• Assessing the patient’s perception of pain
• Educating the patient on how to more accurately communicate their pain level
• Educating the patient of pain control modalities available and offered
• Quicker assessment of post op pain level and initiation of appropriate treatment

Local Problem/Purpose

Managing Post Op Pain after Same Day Surgery. Patients received in phase II reported an unacceptable level of pain for discharge. Discharge education could not be initiated as expected due to level of pain, thus delaying discharge.

Pain after surgery is known as acute pain; it has a known cause and will usually improve as the tissues heal. Pain after surgery is normal and to be expected (Rowland, 2015).

Managing post pain effectively is essential to the care of surgical patients and to those of us who are treating them. Not managed properly after surgery it can lead to complications, being a contributing cause of prolonged hospital stay, pneumonia, blood clots, etc. (Garimella & Cellini, 2013).

It is important that patients understand that having post op pain is normal, and that their medical team is there to do everything they can to safely reduce and manage it. Pain and its perception is highly subjective and the management of it should be tailored to each individual patient. (The Lancet, 2019).

Pre-Operative evaluation of pain and effective planning is imperative for its successful management. Many variables will affect the level of pain and treatment for pain. The patients pain level needs to be easily and accurately quantified. (Garimella & Cellini, 2013).

This is why the use of the pain scale is necessary and is used hospital-wide. Opioid treatment has been the main regime for post surgical pain, however, due to the opioid crisis in large portions of the United States, a reduction in opioid use for the treatment of pain has occurred only over the last few years (The Lancet, 2019).

Other modalities including multimodalities of treatment for post op pain:

• Non-opioids analgesics are being used, sometimes preoperatively
• Local anesthesia and surgical nerve blocks
• Cold application
• Positioning, i.e. elevation and/or pressure relief

Approach

Pain scale education/re-education:

• 0 to 10: the importance is in a patient’s understanding of the translation of these numbers (Rowland, 2015) ...

Results

Pain scale rating systems have been around for a long time. At Trinity The Wong-Baker FACES® Pain Rating Scale is used. It was originally developed for children, but has been very successful in use with adults, especially the elderly. Its use in outpatient surgery has been emphasized and hard-wired into the repertoire of pre-op teaching. This has allowed a more effective communication between the patient and nurse of their pain perception with a more accurate evaluation and prompt treatment.

In our monitoring of pain scale scores, the data collected shows improvement in adequate control of post-op pain prior to discharge. This is also reflected in our patient satisfaction scores.

Conclusions

We have found that by more aggressively reinforcing the education of the pain scale prior to surgery enabled a more effective and timely treatment and discharge of the patient. Efforts can now focus on the plan of care at home.

Implications for Practice

• The admission phase begins the discussion of what to expect in relation to post op surgical discomfort.
• This includes teaching on how to correctly use the pain scale.
• It is important for the patient to learn and be able to apply the scale rating easily and accurately.
• The nurse needs to be proactive in identifying and treating post op pain prior to the patients discharge home which is usually within the first hour of phase II recovery.
• Having the discussion with the patient before hand, before they have anesthesia can help the patient to have much better comprehension.

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