

Postoperative Pain and Alternatives to Opioids

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Disclaimer

This presentation is informative and educational, this is not individual medical advice, always discuss your individual care with your healthcare team.

This presentation is delivered from an independently licensed practitioner and does not represent a business entity.

Introduction

- Who?
 - Sarah Vi Cerreto, BSN, RN, MEDSURG-BC, HN-BC
- What?
 - Preparation for surgery to improve postoperative pain, discuss alternatives to opioids, opioid management and safety
- Why?
 - Surgical preparedness improves post-operative pain management
 - Understanding different types of pain
 - Personal resilience and its impact on pain
 - Increase likelihood of using non opioid techniques independently or in conjunction with opioids
 - Improve opioid safety

Learning Objectives

- Implement pre surgery preparation strategies to improve post-operative pain management and reduce the use of opioids.
- Develop an individualized post-op pain management plan based on surgical type incorporating non opioid pain management strategies, the client's goals and personal and cultural factors affecting pain management.
- Incorporate effective non-opioid pain management interventions in your practice.
- Describe the safe use of opioids postoperatively including strategies to minimize adverse side effects and use.

Preparation for Surgery

- Training for a marathon
 - Training regiment appropriate to severity of the marathon
- Questions:
 - What kind of pain?
 - How long of a recovery?
 - Tools to reduce pain?
 - Post-op prescriptions?
- Type of surgery
 - Cardiac
 - Orthopedic
 - Abdominal
 - Neurological

Pain Self-Assessment

Wong-Baker FACES® Pain Rating Scale



0

No
Hurt



2

Hurts
Little Bit



4

Hurts
Little More



6

Hurts
Even More



8

Hurts
Whole Lot



10

Hurts
Worst

Preparation

- *Scheduling Surgery*
 - Family & Friends support
 - Q&A with surgeon
 - Rehab vs home
 - Discharge
 - Establish goals
 - Discuss hospital support
- *Psychological*
 - Appropriate expectations-
q & a with surgeon
 - Discussion with self
 - Pain tolerance
 - Self awareness of needs
 - Personal goal
 - Individualized comfort measures
 - Decrease stress

Preparation

- *Physical*
 - Decrease stress
 - Weight optimization
 - Activity optimization
 - Activity goal post operatively
 - Optimize clearance organs
 - Renal & hepatic clearance
 - Lung function (smoking)
- Home environment
- Assess discharge needs
- Mind & body connection
- Assess pain tolerance
- Chiropractic maintenance

Preparation

Understanding opioids/medication side effects

- Opioids-potent analgesics
- *Side effects-*
 - Constipation
 - Nausea
 - Dizziness
 - Confusion
 - Altered mental status
 - Risk of dependency
 - Respiratory depression
 - Hyperalgesia
 - Urinary retention
 - Sedation
 - Delayed recovery

Types of Pain

Dependent on type of surgery

- Incisional
- Gas
- Surgical
- Acute vs Chronic
 - History of pain
 - History of opioid use
 - History of alcohol use
- Nerve
- Muscular
- Joint
- Radiating

Pain Management

Dependent on type of surgery

Incisional

- Alternating Acetaminophen & Ibuprofen
- Positional awareness
- Identify triggers
 - Coughing, sneezing, laughing (abdominal); lack of movement, stiffness (ortho), etc.
- Ambulate

Gas

- Follow post operative diet as prescribed
 - Ex: abdominal surgery - clear liquids
- Avoid constipation- bowel regimen
- Ambulate

Surgical

- Alternating Acetaminophen & Ibuprofen
- Identify triggers
- Ambulate

Pain Management

Acute vs Chronic

- History of pain, opioid use
 - Opioid naive vs opioid tolerant
- Clear & honest communication with provider

Nerve

- Identify triggers
- Temperature change
- Circulation support
- Anticonvulsants

Muscular

- Identify triggers
- Ambulate
- Physical Therapy
- Temperature change
- Stretches
- Decrease stress

Pain Management

Joint

- Physical Therapy
- Temperature change
- Ambulation & movement
- Topical NSAIDs
- Intraoperative NMDA receptor antagonist (Ketalar)

Radiating

- Temperature change
- Ambulation
- Avoiding triggers
- Anticonvulsants (radiating nerve pain)

Non Opioid Pain Management Interventions

Ambulation & movement

Hot & cold therapy

Psychological control/distraction techniques

Aromatherapy

Acetaminophen & NSAIDS

Steroid therapy

Topical agents

Decrease stimulation

Music therapy

Non Opioid Pain Management Interventions

Anti-seizure medications (Gabapentin, Lyrica)

Reflexology

Acupuncture

Guided meditation

Massage therapy

Environment optimization

Pain Management Goals

Individualized goals

Improve functional ability

Reach personal post operative goal

Utilize non opioid interventions

First, in conjunction with
Individualized

Reach discharge goal

Utilization of Opioids Post Operatively

Dependent on type of surgery

Discuss postoperative pain management **prior** to surgery

“Around the clock” non opioid use (Acetaminophen & Ibuprofen)

Opioid as **breakthrough** pain relief

Controlled pain

Establish pain goal, prevent 10/10 if possible

Utilize opioids to optimize activity to promote healing

Ex: ambulation

Ask questions to providers- What medication? Why? Side effects?

Communication Around Pain & Pain Management

Patient to Provider

- Descriptive adjectives
- Clear established goals
- Transparent communication of pain ‘level’/descriptors
 - Willingness to communicate pain
 - Awareness of perceived stigmas

Provider to Patient

- Cultural awareness
 - Communication barriers
 - Stigma
 - Tolerance

Practitioner Unconscious Bias

- Implicit bias- harboring unconscious attitudes and stereotypes
 - Race, gender, age, sexual orientation, disability status, fculture, physical appearance, employment status, etc.
- Impact on patient care
 - Decreased quality of care- impacts outcomes
 - Impacts patients perception of healthcare
 - Decreases follow up
 - Decreases 'trust' in healthcare- can deter care & initial visits
- Goal- achieving equitable care for all patients

Strategies to Reduce Implicit Bias

- Address language barriers, self reflect on comfort level
- Practice the skill of self awareness
- Recognize stereotypes & consciously adjust response
- Perspective taking
- Individualized care & rapport building
- Cultural understanding
- Teach back method
- Effective patient interviews
- Perspective literature & film
- Self-care, emotional regulation skills
- Positive mental health, mindfulness

Opioid Safety

Inpatient

Avoid hyper-awareness of time

Follow body signs to determine medication requirements

Avoid 10/10

Utilize non opioid options

Individualized plan

Realistic expectations

Outpatient

Safe storage

Appropriate disposal when complete

Maintain “around the clock” schedule of non opioids as prescribed

Bowel regimen

Ambulation

Avoid hyper-awareness of time

Identify & avoid triggers

Realistic expectations

Unscheduled Surgery

Q&A with surgeon

Q&A with nursing staff

Friends & family support

Self-assessment/awareness of needs, comfort measures

Individualized anxiety support

Questions?

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