Preoperative Pain Management Education: An Evidence-Based Practice Project

**Katherine F. O’Donnell, DNP, APRN, FNP-BC**

**Purpose:** The purpose of this evidence-based practice project was to evaluate the effectiveness of a preoperative pain management patient education intervention on improving patients’ pain management outcomes.

**Design:** The project was conducted in an outpatient general surgery service at a teaching institution for patients undergoing same-day surgery. Intervention patients received one-on-one education on postoperative pain management including how to take medications, managing medication side effects, using nonpharmacologic methods, and reporting inadequate postoperative pain control. Comparison patients received general education from multiple health care providers, and this information may not have been consistent.

**Methods:** Intervention patients received education at the first preoperative clinic visit. Patients in the intervention and comparison groups completed the Revised American Pain Society Patient Outcome Questionnaire during their first postoperative clinic visit. Results were analyzed by the Mann-Whitney U test/Wilcoxon rank sum test.

**Findings:** A 12-month project (N = 99) showed statistically significant results (P = .020 and P = .001, respectively) in questions about side effects and whether the patient was encouraged to use nonpharmacologic methods to reduce pain. The intervention group reported the effects of pain on mood (P = .067) and use of nonpharmacologic methods (P = .052); however, these results were not statistically significant.

**Conclusions:** More intervention patients than comparison patients reported medication side effects and whether they were encouraged to use nonpharmacologic methods for reducing postoperative pain. Intervention patients also reported the effects of pain on mood and the use of nonpharmacologic methods more frequently than comparison patients. Preoperative pain management education may increase patients’ knowledge in key areas of postoperative pain management to prevent negative outcomes.

**Keywords:** preoperative pain management education, postoperative pain, pain management outcomes, evidence-based practice.
severity of postoperative pain in the last decade, but many patients still reported severe pain. Patients may find the management of their own pain after discharge equally challenging and daunting. It is important that postoperative pain is well controlled, as ineffective treatment of postoperative pain may lead to negative outcomes such as deep vein thrombosis, atelectasis, pulmonary embolism, chronic pain, increased length of hospital stay, and readmission for pain management. Pain can limit the ability to return to work quickly, placing financial and emotional stress on patients and families.

**Overview of the Literature**

In 2010, 48.3 million surgical and nonsurgical procedures were performed in the United States. These numbers continue to increase, making postoperative pain the most common cause of pain. Postoperative pain is considered acute pain and results from tissue damage, inflammation, and the healing process. Most patients report pain after surgery, and pain levels vary depending on the type of surgery, comorbidities, previous experiences with pain, age, gender, and patient expectations. This combination of factors makes it difficult to predict how much pain a patient will experience and how well pain will be tolerated, emphasizing the wide variability among patients and their pain experience. Inadequate assessment and management of postoperative pain can result in patient anxiety, insomnia, stress, and limited mobility. Poor communication between patients and health care providers, unrealistic patient expectations, and insufficient patient education all contribute to suboptimal pain control.

Other obstacles to adequate pain management include lack of a comprehensive assessment plan, improper use of pain assessment tools, inadequate documentation, and barriers related to clinicians’ knowledge and attitudes about pain. Numerous pain assessment tools exist for evaluating and documenting pain in most patients, including pediatric, nonverbal, critically ill, or cognitively impaired patients. Assessment of pain includes use of age and condition appropriate tools, ongoing documentation, treatment measures, reassessment of the patient, and their response to treatment, including any adjustments in the treatment plan.

Preoperative education is a way to prepare patients to manage their pain and have a successful postoperative recovery. Education should include information on the importance of pain control, goals of treatment, how much pain the patient may experience, and the importance of reporting poorly controlled pain that interferes with recovery activities. Pain management options that should be explained to patients include both pharmacologic and nonpharmacologic methods.

**Project Design: The Iowa Model**

The framework for this project was based on the Iowa Model of Evidence-Based Practice to Promote Quality Care, which is an evidence-based practice model of care. Using the model one must identify problem-focused triggers or knowledge-focused triggers, which may be related to current practice to synthesize available evidence and introduce practice changes to improve outcomes. The effects of these changes on patient outcomes are monitored over time.

Postoperative pain management was identified as a problem for clinicians at the University of Texas Health Science Center San Antonio, TX, outpatient surgery clinic. Using the Iowa Model, postoperative pain management served as the project’s problem-focused trigger. Patients often reported poorly controlled pain after surgery, inadequate knowledge about pain and analgesics, and limited understanding about medication side effects. Other problems included frequent requests for medication refills, visits to the emergency room for pain control, and the inability to return to work and normal activities because of poorly controlled pain.

Using postoperative pain as the problem-focused trigger to initiate change, the author, hereby referred to as the project director, developed an evidence-based practice tool to educate patients about postoperative pain management. The goal was to educate patients undergoing elective laparoscopic cholecystectomy about taking medications correctly, managing side effects, the use of nonpharmacologic methods, and reporting any medication side effects. Patients were also instructed to report inadequate pain control, uncontrolled nausea and vomiting, and severe constipation after surgery.
دریافت فوری متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات