



Dissatisfaction with post-operative pain management—A prospective analysis of 1071 patients

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Summary A total number of 1071 patients was investigated using a modified questionnaire of the American Pain Society to evaluate the pain profile and satisfaction/dissatisfaction on the second post-operative day after different types of surgery (abdominal, traumatic, orthopaedic, urologic, gynaecologic, ENT). Patients were either treated with non-standardized pain management (no measurement of pain intensities, no regular administration of analgesics) (non-APS; $n = 575$) under responsibility of surgical specialties or with standardized pain management (regular assessment of pain and dose adaptation with i.v. PCA or epidurals) (APS; $n = 496$) by an anaesthesiology-based acute pain service.

Patients with a non-standardized pain management gave answers expressing higher pain intensities and breakthrough pain compared with APS-patients as a sign of their analgesic undertreatment ($p \leq 0.05$). The differences between the non-APS and APS groups were also significant after major surgery (abdominal, urologic, traumatic, orthopaedic), showing the benefit of using i.v. PCA or epidurals. Furthermore, it could be demonstrated that patients in the APS treatment group were satisfied

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with their pain management to a significantly higher degree than patients in the non-APS group. 27.3% of non-APS versus 1.1% of APS-patients ($p \leq 0.05$) were dissatisfied with their pain management. The majority of these patients did not want to experience the same management again.

The stepwise multivariate regression to estimate influencing variables on dissatisfaction (e.g. pain intensity, breakthrough pain, pain service, age, type of surgery) had yielded the surprising result that the most important factor for dissatisfaction was the patient's feeling that a complaint about pain had been taken seriously.

Our data has shown the necessity to improve pain management after surgery under the responsibility of surgical specialties, in order to avoid undertreatment and to increase patient's satisfaction. As a consequence of this prospective study, an interdisciplinary standardized pain management was introduced at the University Hospital. A repetition of this audit is planned.

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Adequate post-operative pain relief has been shown to increase the comfort of patients, to facilitate a rapid recovery of physical activity [1], to reduce post surgical morbidity, especially in high-risk patients [2,3], to improve surgical outcome [4] and to reduce length of hospitalisation [5,6]. Inadequate pain therapy may result in chronic pain [7]. Patients with chronic cancer pain often require surgery and opioid treatment, leading to a complex pain therapy, which is more difficult to manage than in patients without chronic pain.

Various guidelines for improved pain management have been published [8–10].

In comparison to former years [11], acute pain management has become more effective through the implementation of therapeutic standards [12] and the establishment of well-organized anaesthesiology-based acute pain services (APS) [13], promoting the administration of analgesics by i.v. patient controlled analgesia (PCA), epidural analgesia (EDA) and other regional catheters as well as regular assessment of pain. These methods are more effective [6,12] than other conventional analgesic strategies (oral/rectal/subcutaneous/intramuscular administration of analgesics), often used without pain measurement [14]. For objective and economic reasons, it is not possible to treat every patient by APS [15]. This means that a large proportion of patients are treated by surgeons using conventional analgesic therapy, which is often administered on demand rather than regularly [14].

Several years ago the American Pain Society implemented a questionnaire to estimate the quality of pain therapy [16–18]. The use of a modified questionnaire demonstrated an analgesic undertreatment in special surgical subgroups, and that a noticeable improvement takes place after the implementation of pain management standards [19,20].

It is well known that some barriers to sufficient pain control exist, e.g. lack of standards and documentation, inadequate knowledge of patients and medical staff and an insufficient caring attitude of medical staff [21]. The following study was carried out at a German University Hospital with the intention to compare the quality of post-operative pain management in patients with a non-controlled, non-standardized pain management under the responsibility of several surgical specialties (Non-APS-patients) with that in patients under standardized pain therapy controlled by an anaesthesiology-based APS (APS-patients). The focus of this study was to find out the factors that influence patients' dissatisfaction with their pain therapy.

1. Methods

A total of 1071 patients representing several surgical specialties (general surgery, thoracic/vascular surgery, trauma surgery, orthopaedic surgery, neurosurgery, ear-nose-and-throat-surgery, ophthalmologic surgery) was asked about their pain management by independent interviewers with no affiliation with either APS or surgical specialties using a modified questionnaire of the American Pain Society [17], on the second post-operative day (between 8 and 10 a.m.). The permission for the study had previously been obtained from the local ethics committee.

The patients were divided into two non-randomized groups: non-APS-patients ($n=575$); and APS-patients ($n=496$), depending on type of surgery and patient's agreement with the planned treatment. Thus, patients from a particular surgical speciality could be assigned to any of the two groups.

Two categories for the different types of surgery were defined according to the different degree of

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