Post-operative analgesia in day-case shoulder arthroscopy

Joshua Peake and Marius Espag
Royal Derby Hospital, UK

Shoulder arthroscopy is commonly done for diagnostic and therapeutic purposes mostly done as day-case procedures since the advance of regional anesthesia techniques. There are multiple benefits of the day-case system reduced hospital stay meaning reduced incidence of venous thrombo-embolism, reduced cost for hospital and quicker recovery for patients. Post-operative pain can become an issue the day after or in the weeks following the surgery, after the regional anesthetic block wears off. The Association of Anesthetics of Great Britain and Ireland (AAGBaI) published guidelines for day-case and short stay surgery in 2011. Under these guidelines, shoulder surgery is described as severe in terms of pain. The standard was that all patients should be discharged on medication deemed appropriate by the AAGBaI guidelines. All patients from day-case shoulder arthroscopy were seen in clinic, 2 weeks post-operatively and given a questionnaire asking them about the level of pain on the visual analogue, pain scale at the moment of discharge, on day 1 after the operation and their level of pain generally over the 2 weeks until their clinic appointment. It also asked whether they needed out of hours services and their overall satisfaction. Results were compiled on an Excel spreadsheet. 18 patients responded and only 1 patient was discharged on appropriate analgesia. The rest were given inappropriately low doses or weak opioids. The most common prescription was Paracetamol and Codeine. 39% of patients reported low levels of satisfaction (slightly and somewhat satisfied). 28% of patients sought out of hours services for extra pain relief. Local guidelines should be produced to advise prescriptions of Paracetamol with Oramorph for patients having day-case shoulder surgery with a re-audit once this has been produced and the advice disseminated to surgical and anesthetic teams.

joshua.peake@nhs.net