



To assess the effectiveness of local anesthesia, delivered via elastomeric pump to manage pain in patients undergoing cardiothoracic surgery” Chopra et al (2017).

Abstract:

OBJECTIVE: To assess the effectiveness of local anesthesia, delivered via elastomeric pump to manage pain in patients undergoing cardiothoracic surgery.

ReTweet if useful... Effectiveness of local anesthesia delivered via elastomeric pump
<https://ctt.ec/cp1eY+> @ivteam #ivteam

Click To Tweet

METHODS: A retrospective, comparative analysis evaluating adult cardiothoracic surgery patients (by median sternotomy) who received continuous infusion bupivacaine + traditional methods of pain control (N = 100) or traditional pain control alone (N = 100) from July 2011-October 2013. The primary efficacy end point was total postoperative opioid requirements for 96 hours following surgery. Secondary end points included postoperative pain scores, nonopioid analgesic requirements for 96 hours after surgery, and frequency of postoperative adverse events.

RESULTS: Demographic characteristics were similar between both groups. No difference was noted in overall opioid utilization for the first 96 hours postoperatively between the two

groups ($P = 0.36$). Similar pain scores were reported by patients in both groups for 96 hours following surgery, with the highest pain scores reported during the first 24 hours following surgery ($P = 0.37$). No difference between groups was noted in utilization of ketorolac or acetaminophen. Frequency of postoperative adverse events, including the use of antiemetic agents for nausea and vomiting, was similar in between both groups.

CONCLUSION: The use of elastomeric pumps in patients undergoing cardiothoracic surgery for reducing postoperative opioid consumption and pain may not be as beneficial as previously reported.

Reference:

Chopra, A., Hurren, J., Szpunar, S. and Edwin, S.B. (2017) Assessment of Postoperative Pain Control with an Elastomeric Pain Pump Following Cardiothoracic Surgery. Pain Medicine. January 10th. .

doi: 10.1093/pm/pnw269.

Thank you to our partners for supporting IVTEAM

