

Starting epidural anesthesia in operating room can help patients get faster pain relief after surgery

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Starting a patient-controlled epidural anesthesia (PCEA) infusion while

the patient is still in the operating room (OR)—rather than in the recovery room after the procedure—may help provide better pain control, suggests research presented at the virtual American Society of Anesthesiologists' [Anesthesia Quality and Patient Safety Meeting](#).

An epidural involves placing a tiny tube called a catheter in the patient's back to deliver [pain medication](#). An epidural may be used during [surgery](#) or after surgery, especially for those that may result in a substantial amount of pain. If it is used following a surgery, the patient can self-administer the pain medicine as needed with the push of a button.

Several issues can delay the set-up of the epidural [infusion](#) once the patient arrives in the post-anesthesia care unit (PACU), including a lack of supplies or a busy pharmacy. To address these potential delays, researchers proposed a project to implement a new workflow to start epidural infusions in the OR.

"Effective pain management after surgery is a crucial issue in [health care](#), and this streamlined approach for initiating epidural infusions in the OR reduces delays in the patient getting [pain relief](#)," said Murphy Owens, M.D., a lead author of the study and anesthesiology resident at Weill Cornell Medicine, New York. "Additionally, research shows that using a PCEA can reduce patients' need for opioids to manage their pain."

When researchers started the project in December 2022, very few epidural infusions were started in the OR. Two months after launching the project, 90% were started in the OR. The research team surveyed 16 anesthesiologists and 13 nurses about their experience with the new workflow compared to the previous one:

- 56% of the anesthesiologists and 79% of the nurses said patients were more comfortable when they arrived in the PACU

- 56% of anesthesiologists and 79% of nurses said patients required fewer IV or oral opioids
- 50% of anesthesiologists and 79% of nurses said they were more satisfied with the new workflow

The project focused on streamlining the process for epidurals placed for major abdominal surgeries, chest surgeries (such as lung cancer resections), urologic surgeries and gynecological surgeries, or other surgeries where postoperative pain is expected to be substantial.

Provided by American Society of Anesthesiologists

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