

**A STUDY ON PAIN ASSESSMENT AND MANAGEMENT IN POST OPERATIVE PATIENTS**

Sudireddy Rajini\*, B.S.Venkateswarlu

Vinayaka Missions Research Foundation, Salem, Tamilnadu, India

**ABSTRACT**

There were many sensory phenomenon observed by human beings. Among all Pain plays crucial role it is purely subjective basis. Pain was experienced by individuals in various manners. Majorly pain was categorized as Acute as well as Chronic on the basis of their occurrence. Pain shows impact on socio economic status of individuals. Assessment of pain was performed by various means using standard SCALES. Method: This study was prospective observational multi center study. Results: Present investigation was carried from August 2019 to Dec 2020 in various hospitals of Narasaraopet region. Many patients (775) were participated in the current study out of 290 were males and remaining were females. At the 4-h VAS evaluated that, the moderate pain was found to be 39.32 % of total population and Severe pain as 19.75%. The study results were monitored and continued for 24 hours. Conclusion: Assessment of Pain plays a major role in the management of chronic and acute pain. If assessment was done we can improve the pharmaceutical care and improved socio-economic capacity of individuals.

**Keywords:** Subjective, Pain, Scientific Evidence, Rational, Pain Assessment**Duration: Received-** 02/04/2021, **Reviewed-** 10/04/2021, **Revised/ Accepted-** 18/04/2021**Correspondence**

Sudireddy Rajini\* ✉ rajinisudireddy@gmail.com

Address - Research Scholar, Vinayaka missions College of Pharmacy, Vinayaka Missions Research Foundation, Salem, Tamil Nadu, 636008 India.

**INTRODUCTION**

Pain is referred as subjective, un-pleasant experience or discomfort to the individual, is associated with actual/potential tissue damage on described in terms of such damage. It is a subjective, individual experience that has physical, psychological and social determinants. There is no objective measurements of pain <sup>(1,2)</sup>.

Pain can be classified in to two types like Acute and Chronic. Pain assessment scales occupied key role in the management of post-operative patients.

The different type's scales are as follows <sup>(3)</sup>

a) Facial scale
b) Numerical rating scale
c) FLACC scale
d) CRISE scale
e) COMFORT scale
f) Mc Gill Pain scale
g) Color Analog scale
h) Mankoski pain scale
i) Brief pain Inventory
j) Visual Analog scale

The pain history should include the following <sup>(4,5)</sup>

- Significant previous and/or ongoing instances of pain and its effect on the patient

- Feedback on the methods used for reducing the stated pain in earlier time.
- Significant effect of certain categories of drugs on the behavioral nature of individuals such as narcotics, hypnotics, sedatives or any other drugs causing habit formation<sup>6</sup>.
- Family support and views on post-operative pain management regarding success or failure of therapy.
- Patient compliance

**MATERIAL AND METHODS****Study design**

The current investigation was carried out at various hospitals of Narasaraopet region, India from August 2019 to Dec 2020. We recorded all the patients who undergone the various surgery. Clinical data were collected. Pain assessment and management are evaluated.

**Objectives**

Our primary goal is to estimate the pain assessment and management in the patients who has undergone the Post-operative surgery.

**Study method**

This study was prospective observational multicenter study. Patient details were obtained from

patient case sheet and required data is entered in data collection forms. The data was categorized based on various parameters like Gender, Age, Co-morbidities, Prescribed drugs, assessment of pain after surgery. Pain assessment was done by using Visual Analogue scale (VAS) <sup>(5)</sup>.

**Inclusion Criteria**

- Patients age >18 Years
- Voluntary participation from individuals without any force or showing benefit

**Exclusion criteria**

- Patients age <18 years
- Patients undergone treatment under ICU

**Statistics**

The analysis of data was done by using SPSS software

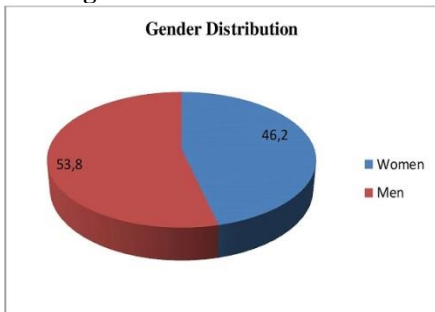
**RESULTS AND DISCUSSION**

A total number of 775 patients participated in the current investigation. Out of 417 were males and 358 were females. The gender distribution of patients enrolled for the study was presented in Table 1, Figure 1.

**Table 1: Gender Distribution**

	Number	Percentage
Women	358	46.2
Men	417	53.8
Total	775	

**Figure 1: Gender Distribution**



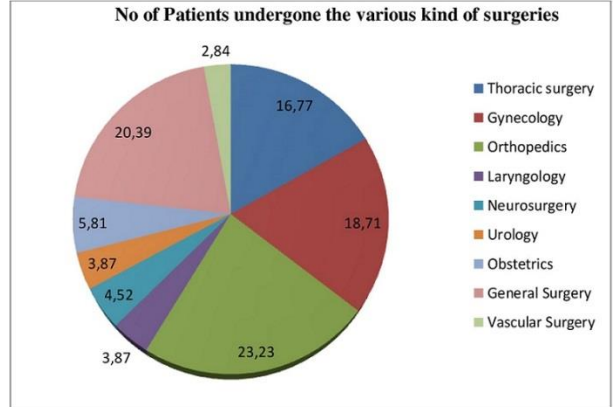
**Table 2: Number of Patients undergone the various kind of surgeries**

Type of Ward	No. of patients	%
Thoracic surgery	130	16.77
Gynecology	145	18.71
Orthopedics	180	23.23
Laryngology	30	3.87
Neurosurgery	35	4.52
Urology	30	3.87
Obstetrics	45	5.81
General Surgery	158	20.39
Vascular Surgery	22	2.84
Total	775	100

During the study period, the data was gathered from the various hospitals Narasaraopet Region Andhra Pradesh, India. The type of surgeries and the number of patients and the percentage of surgeries was summarized in the Table 2 and the same was presented as Figure 2. From the data we came to know that orthopedic

surgeries occupy major share (180 out of 775) and vascular surgery was found to be limited occupancy (22 out of 775) in the list.

**Figure 2: Distribution of Patients as per kind of surgery**

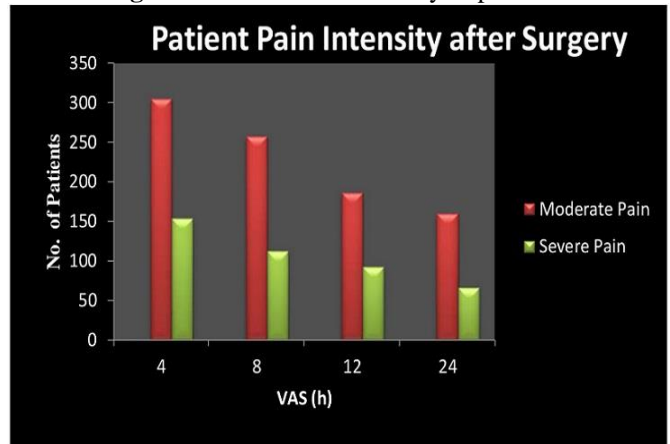


The pain severity was analyzed after surgery as per VAS up to 24 hours with as per the following prefixed schedule of 4,8,12,24 hours. The results for pain intensity were shown in Table 3 and the same was represented graphically as Figure 3. The results were explained on the basis of VAS after surgery for Moderate and Severe pain.

**Table 3: Patient pain intensity expressed by using VAS after surgery**

VAS (h)	Mean	Moderate Pain		Severe Pain	
		Number	%	Number	%
4	34.05	305	39.32	153	19.75
8	32.07	258	33.27	112	14.41
12	27.1	186	24.02	92	11.92
24	25.08	160	20.64	66	8.54

**Figure 3: Patient Pain intensity as per VAS**

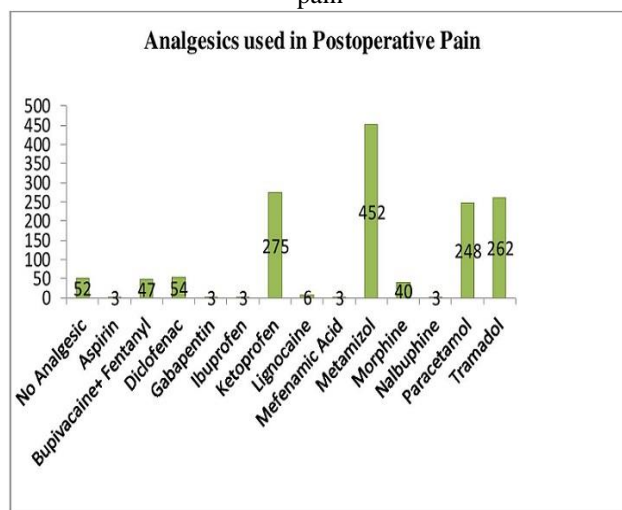


The patients received various analgesics after surgery based on the need and Rationality. Some people were not received any kind of analgesics for postoperative pain conditions. The details of analgesics used for postoperative pain was enlisted as Table 4. And the same was presented graphically as Figure 4.

**Table 4:** Analgesics used in postoperative pain

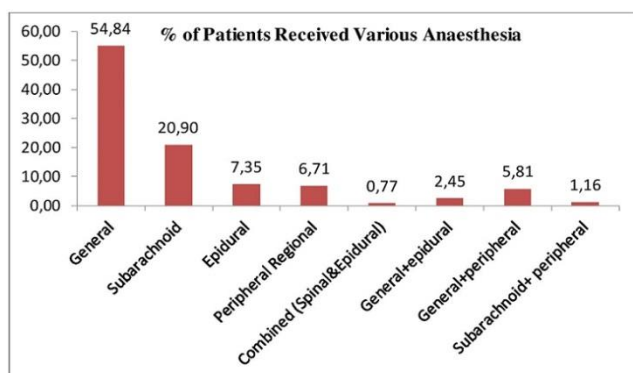
Name of the Drug	Number
No Analgesic	52
Aspirin	3
Bupivacaine+ Fentanyl	47
Diclofenac	54
Gabapentin	3
Ibuprofen	3
Ketoprofen	275
Lignocaine	6
Mefenamic Acid	3
Metamizol	482
Morphine	40
Nalbuphine	3
Paracetamol	248
Tramadol	262

**Figure 4:** Distribution of Analgesics used in postoperative pain



**Table 5:** Number and Percentage of anesthesia in various categories performed

Type	No. of patients	Percentage
General	425	54.84
Subarachnoid	162	20.90
Epidural	57	7.35
Peripheral Regional	52	6.71
Combined (Spinal&Epidural)	6	0.77
General+epidural	19	2.45
General+peripheral	45	5.81
Subarachnoid+ peripheral	9	1.16



The patients received various anesthetics based on the need and Rationality. The details of number and percentage of Anesthesia in various categories by which patients received was enlisted as Table 5. The same was presented graphically as Figure 5.

**CONCLUSION**

From the results of current investigation, reveals that more number of patients faces the moderate or severe pain in the postoperative conditions, even though there were standard treatment guidelines for effective against postoperative pain. Analgesics may be failure to show effectiveness in some population. The current study concludes the type of department, occupation, genetics may show impact on severity of pain.

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