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Abstract

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Pain Control with Pre-Peritoneal Catheter Analgesia in Colon and Rectal Surgery: A Prospective Observational Study

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Objectives:
In this prospective cohort study, we report the efficacy and safety of this mode of analgesia in 64 consecutive patients that underwent colorectal resections

Methods:
This is a prospective cohort study of all patients treated by the Colorectal Unit, Hospital Sultanah Aminah, Malaysia between May 2018 to Mac 2019. Pre-peritonealÂ catheterÂ analgesia was performed via a multi-holeÂ catheterÂ placed in theÂ pre-peritonealÂ space. The balloon pump delivers 0.25% of levobupivacaine at 2ml/hour for another 4-5 days. Additional analgesics were used as needed. Postoperative pain was quantified with the visual analog scale score. Outcome measure of the need and total dosage of intravenous opiates analgesics, time to first flatus or feces, length of hospital stay, and catheter related, or surgical complications were recorded.

Results:
There were 64 consecutive patients were included in this study. Open colorectal surgery was performed in 26 patients and 36 patients had laparoscopic surgery. The highest pain score was observed on day one post-surgery with the pain scores among all patients below 4 with the pain management protocol. The highest mean usage of opioid analgesics per day was at 9mg. There were 30 patients which avoided the use of intravenous morphine infusion. Mean time to first defecation is 40 hours. Average length of stay was 6 days. There were 3 cases of peri-catheter leaks and 1 thigh numbness related to the analgesia.

Conclusions:
PreperitonealÂ catheterÂ analgesia is a safe and effective analgesic method. It is feasible and dramatically reduce the requirement of intravenous opioids use.

References: