INTRODUCTION

Postoperative pain is the commonest complaint by cardiac surgical patients. According to Gottschalk and Smith, in the US pain is often inadequately treated and accompanies the more than 23 million surgical procedures performed each year. Unfortunately pain may persist long after tissue heals. Pain is a warning symptom that helps the individual to take protective measures in order to prevent further damage. Pain and fear give rise to the release of adrenaline and noradrenaline via the adrenergic nervous system.

METHOD

- 115 patients recruited from Cardiac Surgical Ward Mater Dei Hospital, Malta
- Patients divided into two groups, intervention and control group depending on last digit of ID number being odd or even (Fig.1)
- Fig.2. demonstrates material given to patients
- Intervention group contacted at weeks 2,4,6 post discharge while control group contacted at week 4.6.
- Data Analysed using SPSS v.20

RESULTS

Both groups consisted of 50 patients each (mean age: 62.3 and 62.2 years in intervention and control group respectively) who completed all steps of the study. Patients in the intervention group had pain scores (mean range: 0.58 – 4.56) significantly lower than the patients in control group (mean range: 1.86 – 4.64) (p = 0).

Diary analysis (Fig.4) using Chi-Squared test indicated that from the first week there was a significant difference in painkiller ingestion between the two groups. It was also noted that the intervention group followed written advice given.

CONCLUSION

Patients in intervention followed the advice given to them with regards to the paracetamol regimen. This can be also reflected in the pain scores charts filled in weekly by these same patients. The pain felt over the weeks was significantly lower than that in the control group (mean range: 1.86 – 4.64) (p = 0).

Pain leads to various mechanisms reacting and effecting the patient negatively, such as cardiovascular response (tachycardia, increased possibilities of infarction), gastrointestinal system (nausea, vomiting), increased risk of morbidity and mortality are also possible implications.

AIMS

To develop and evaluate pharmacist intervention in pain prevention and relief, in patients undergoing heart surgery.

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