

Evaluation of Post Operative Pain by Interpretation of Patients' Attitude and Experiences

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Adequate approach to pain assessment and management can reduce pain experiences and risks associated with unrelieved pain, increase patient comfort and satisfaction, and shorten hospital stay and costs. The aim of our study was to evaluate postoperative pain management using patients' information, their attitude and treatment. Our study was performed in National Scientific and Practical Centre of Emergency Medicine, Chisinau in February 2009 and included 94 operated patients. Patients were given to answer a standardized questionnaire in the first 36 hours after intervention. It included three type of questions: the information and knowledges about postoperative pain (POP), the scores of pain and quality of postoperative analgesia. We evaluated scores of pain in three groups of patients, according to type of anesthesia: patients which received intravenous anaesthesia (IVA) 35 (37,6%), epidural anaesthesia (EA) 34 (36,6%), combined spinal epidural anaesthesia (CSEA) 24 (25,8%). Among the total number of patients, 87,7% of them considered that it is normal to have POP. 65,6% of patients asked for analgesic drug when the pain is insupportable, 21,5% when the pain was appearing, 2,15% of patients asked an analgesic when the pain is not present and 10,75% of patients never asked for an analgesic. About 88,2% of patients were asked about presented pain, and 55,9% of patients were asked to characterise pain. 29% of patients were not informed about the medication they received. Information about complications of anaesthesia was given to 41,9% of patient, information about methods of treating POP was given to 45,2% of patients. All patients reported to be totally satisfied with received treatment and personnel attitude (73,1%) or relatively satisfied (26,9%), no one reported to be unsatisfied. More than 90% of patient presented POP. Assessment of pain scores with Visual Analogue Scale shown that 5,7% of patients with IVA had a total relief of pain, 37,2 % mild pain, 45% moderate pain, 11,4 severe pain, patients with RA presented a total pain relief in 5,8%, mild pain 41,2%, moderate pain 28,2% and severe pain 14,7%, patients with CSEA invoked no pain in 8,3%, mild pain in 62,5%, moderate pain 20,8%, severe pain 8,4%. The most common way of receiving analgesics in postoperative patients was intramuscular route (91%), in 9 % the route was oral, intravenous, epidural etc. Patients, generally, had not a correct attitude toward POP, considering normal the situation to have POP. About all investigated patients presented postoperative pain, but in the same time most of them were satisfied about information given by the anaesthesiologist. It seems that fewer patients with CSEA presented moderate and severe pain compared with patients with IVA and RA.

Infected Pancreatic Pseudocyst Drainage and Necrosectomy by Endoscopic Per-Oral Transgastric Approach

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Open surgery with external drainage represents the treatment of choice in case of infected pancreatic pseudo cyst but may result in a pancreatic external fistula difficult to heal. Endoscopic internal drainage with stent avoids the risk of pancreatic fistula but may have a lower success rate and may require multiple stent replacements. The authors present the case of a 52 years old male patient with acute severe necrotizing alcoholic pancreatitis that developed, as local complication, a 7 cm