

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

diameter pancreatic pseudo cyst in the body of the pancreas that persisted 6 for weeks after the onset and later became infected. The diagnosis was set upon the clinical signs of infection, enhanced dynamic intravenous contrast CT scan and endoscopic ultrasonography. The patient was submitted to transgastric endoscopic drainage considering the fact that the pseudocyst was bulging into the stomach. Endoscopic ultrasound was use to choose an avascular window structure in the walls of the pseudocyst. After needle-knife puncture and guide wire introduction, a balloon dilator was inserted and an orifice of 1.5 cm was created through which a turbulent fluid and tissue debris were removed. The endoscope was then inserted in the cavity to check for residual debris and fluid and the cavity was rinsed with abundant saline and povidone-iodine. Healing of the residual cavity was followed by endoscopy and CT scan at 1 month, showing an important reduction in size. No hemorrhagic or septic complication occurred during the endoscopic procedure and during the follow-up interval. In cases of infected pancreatic pseudocyst, transgastric endoscopic cystgastrostomy may be a better solution for the patients that the classical external drainage performed by any other approach.

Methods of Bone de Calcification and Their Efficiency

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The purpose of the paper was to appreciate the optimal decalcification method of the cortical bone for grafting. The objectives of the paper were: determination of the efficiency of decalcification with hydrochloric acid 1M, determination of the efficiency of decalcification with hydrochloric acid 0,5M, determination of the efficiency of decalcification with hydrochloric acid 0,5M being accelerated by electrolysis, determination of the efficiency of decalcification with hydrochloric acid 0,1M being accelerated by electrolysis, determination of the efficiency of decalcification with EDTA 14%. It has been used 73 pieces of bovine compact bone. All bone pieces were devised in five experimental groups (14 pieces for each group) and 3 pieces as control specimens. The experiment duration – was 21 days. Every three days the solutions for demineralization were changed. The presence of Ca²⁺ ions in the demineralization solution was evaluated every three days, also every three days two specimens from each experimental group were investigated by X-rays methods. After by analytical method was determined the remaining calcium in the specimens.

Decompressive-Reconstructive Surgery in Treatment of Vertebro-Medular Traumatism Consequences

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Corresponding authors' dates on vertebro-medular traumatism represent from 10% to 48% of vertebral column disease. Vertebro-medular traumatism consequences, which underline in clinical evolution a traumatic disease period, restore partial in time, spinal functions reappear in dependence of lesion severity or worsening neurological symptoms, progressing in following traumatic spinal deformities, vicious bone callus formation, etc. Currently, to improve patient clinical outcomes with vertebro-medular traumatism consequences is practicing a rational combination of decompressive-reconstructive surgical methods, with or without stabilization, and complex conservative treatment. The aim of the work was to research in dynamic development and results analysis of surgical