

Perioperative Analgesia in Adult Cardiac Surgery: ACTA Survey

MS Balasubramaniam¹ and M S R Ganugapenta¹

1Department of Anaesthesia, Castle Hill Hospital, UK

Multimodal pain management therapy is recommended for the Acute Postoperative pain [1]. Enhanced Recovery do suggests using multiple drugs (at least two) and different routes. Many analgesics like ketamine, clonidine and gabapentinoids are used to reduce the dose of opioids used [1]. In view of these developments we undertook this survey among ACTA members.

Methods

This electronic survey was undertaken via a Survey Monkey web link. There were seven key questions asked: the primary intraoperative analgesic, primary post operative analgesic used, grade of the Anaesthetist, analgesic premedication, pain evaluation methods and the use of "Fast Tracking."

Results

The response rate was 30.3%. The most often used intraoperative analgesic was Fentanyl (bolus 80%), followed by Morphine (30%) and Remifentanyl (19%). Less than 5% used regional techniques .

Morphine and paracetamol are the two most common analgesic used in the postoperative period as shown in table 1.

Table 1 Primary Post-operative Analgesia

	IV infusion	PCA	NCA	IV bolus	oral	PR
Morphine %	49.7	24.8	22.8			
Paracetamol %				59.1	18.1	
NSAID %					3.4	4
Tramadol %				3.4	3.4	

Discussion

33 to 75% complain of moderate to severe pain following cardiac surgery. The incidence of chronic pain after coronary surgery is 30 to 50%. This survey confirms the traditional opioid based intraoperative analgesia with only paracetamol added postoperatively. In spite of the opioid dose-sparing effects of other analgesics, the analgesic platform in cardiac surgery has not changed.

Reference

1 Roediger L, Larbuisson R. New approaches and old controversies to postoperative pain control following cardiac surgery. *Eur J Anaesth* 2006; 23: 539-50.