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## PAIN MANAGEMENT

### Tips

- When the Acute Pain Service (APS) is following, we defer management to them.
- Epidurals are managed by APS.
- **IMPORTANT:** Anticoagulation, especially initiation of anticoagulants, should be discussed with the primary team and APS if there is an epidural in place.
- Recommend an adequate bowel regimen in place for patients on opiates. (But—avoid suppositories post abdominal surgery—discuss with the primary team first)
- We may also be involved in cases of opiate overdose or intoxication.
- Hydromorphone is preferred in patients with renal failure because it has fewer active metabolites metabolized by the kidney compared with morphine or fentanyl.
- Avoid meperidine given the potential for toxicity and the availability of other effective agents.

### Regional Anesthesia

- **Neuraxial Anesthesia:**

- Epidural catheters:

- ❖ May be placed in the thoracic or lumbar spine, used intraop and also postop generally less than 4 days.
    - ❖ Typically used in thoracic, abdominal, urologic, GYN, and lower extremity surgery.
    - ❖ Side effects include headache, hypotension, lower extremity numbness.
    - ❖ Foley catheters are typically NOT discontinued until the epidural is out or the epidural infusion discontinued.
    - ❖ **Anticoagulation:**
      - SC heparin 5000 units Q8H: No restrictions
      - Enoxaparin, prophylactic dose (e.g. 40 mg SC daily or 30 mg SC BID): Discuss with Acute Pain Service
      - Aspirin: no restrictions
      - Clopidogrel: AVOID. Discuss with Acute pain service if required.
      - Therapeutic dose heparin and warfarin: AVOID. Discuss with Acute Pain Service if required.

- Spinal catheters:

- ❖ Similar to Epidural, but placed in the lumbar spine only, and used postop less than 24 hours. Medication is infused directly into the CSF and typically requires very low doses.

- **Nerve blocks:** Local injections near a nerve or nerve plexus. Sites include interscalene, lumbosacral plexus, femoral nerve. Interscalene blocks are sometimes used in shoulder / upper extremity surgeries—note they may be associated with plexopathy, bradycardia, hypotension, and phrenic nerve paralysis.
- **Peripheral nerve catheters:** Used with increasing frequency. Instead of a single injection, a catheter is placed in the region attached to an infusion device that can remain postop for pain control.

### Reference:

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