**Case Study - Post-operative pain and dementia**

ILOS- Describes the assessment and management of acute pain in the older person, the cognitive impaired, those with communication difficulties

**Mr Williams is a 78y gentleman with history of vascular dementia, IHD, Hypertension and COPD. He has returned to the ward from theatre following a left # NOF repair 4 hours ago. He is tachycardic and complaining of pain.**

How would you manage his pain using the RAT approach?

**Recognise:**

* Patient may have acute post-surgical pain
* He may have pain from urinary retention
* He may have cardiac pain
* He may have a poor understanding of his symptoms
* He may not be able to communicate his symptoms

**Assess:**

* Location of pain-
  + Chest or abdo or hip
* Severity
  + May be severe
  + How is it affecting him?
* Type
  + Acute
  + non-cancer
  + neuropathic –associated with surgery
  + nociceptive – trauma of injury and post-surgery
  + Mixture of neuropathic and nociceptive
  + Cardiac ischaemic pain
* Assessment tools
  + PainAD
  + Abbey pain scale
* Other factors
  + Anaesthetic technique
    - Neuoraxial
    - GA +/- nerve block
    - GA +/- LA infiltration
    - intraoperative analgesics
  + Cognitive function
    - Electrolyte disturbance
    - Hypoxia
    - Acute delirium
    - Infection
    - Sedative drugs
    - Changing environment
    - Unfamiliar staff
    - Constipation, urinary retention
  + Psychological
    - Change of lifestyle, mobility and function, ability to live independently

**Treat:**

* Non-pharmacological
  + Likely to be very important
  + Explanation of cause to patient and carers
  + Reassurance
  + Familiar faces – carers, family
  + Calm environment
* Pharmacological
  + WHO pain ladder-reversed
  + Nociceptive
    - treatment of underlying cause
    - Paracetamol
    - anti-inflammatories –query role- for discussion
    - Opioids
      * Which one to choose, routes of administration advantages and disadvantages
      * PCA/ NCA
      * Long acting/ short acting
* Neuropathic
  + - TCAs (Amitriptyline/Nortryptiline) to be used with care, may worsen cognitive dysfunction
    - Alternative agents:, duloxetine, gabapentin, pregabalin
      * how to choose, benefits and disadvantages of each
      * Topical agents – Versatis,

**Additional possible discussion points:**

* Risk factors for post-surgical chronic pain
* Post-operative interventional techniques
  + Regional
    - spinal, epidural, nerve blocks or catheters
  + Local anaesthesia
    - Infiltration or would catheter