

INTRODUCTION

- **Background:** Patients who sustain orthopedic traumatic injuries are more likely than the general population to suffer from chronic pain syndromes and opioid misuse.
- **Guideline:** Multimodal analgesia is the recommended way to manage trauma patients' pain
- **Gap:** Most patients are treated with opioids and face barriers to receiving regional anesthesia in the acute setting

CASE 1

- **Overview:** 21 year old man with left open patella fracture with dislocation, and left posterior wall acetabular fracture with left hip dislocation due to MVC
- **Intervention:** General anesthesia and ultrasound guided single shot left femoral and pericapsular nerve group (PENG) peripheral nerve blocks
- **Main outcome measures:** In the PACU, the patient had a pain score rating of 0/10 and required 4mg oral morphine equivalents (OME) in the first twenty four hours after surgery

RESULTS

Figure 1

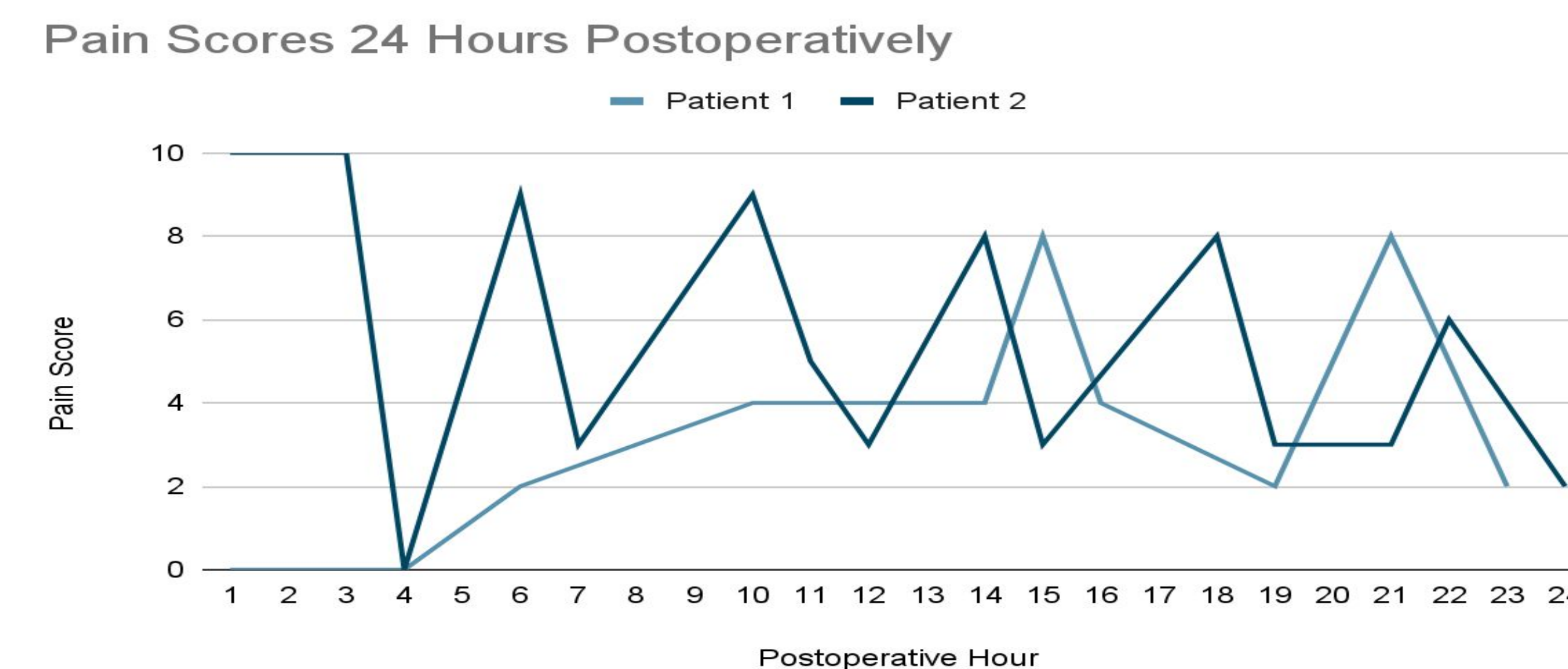
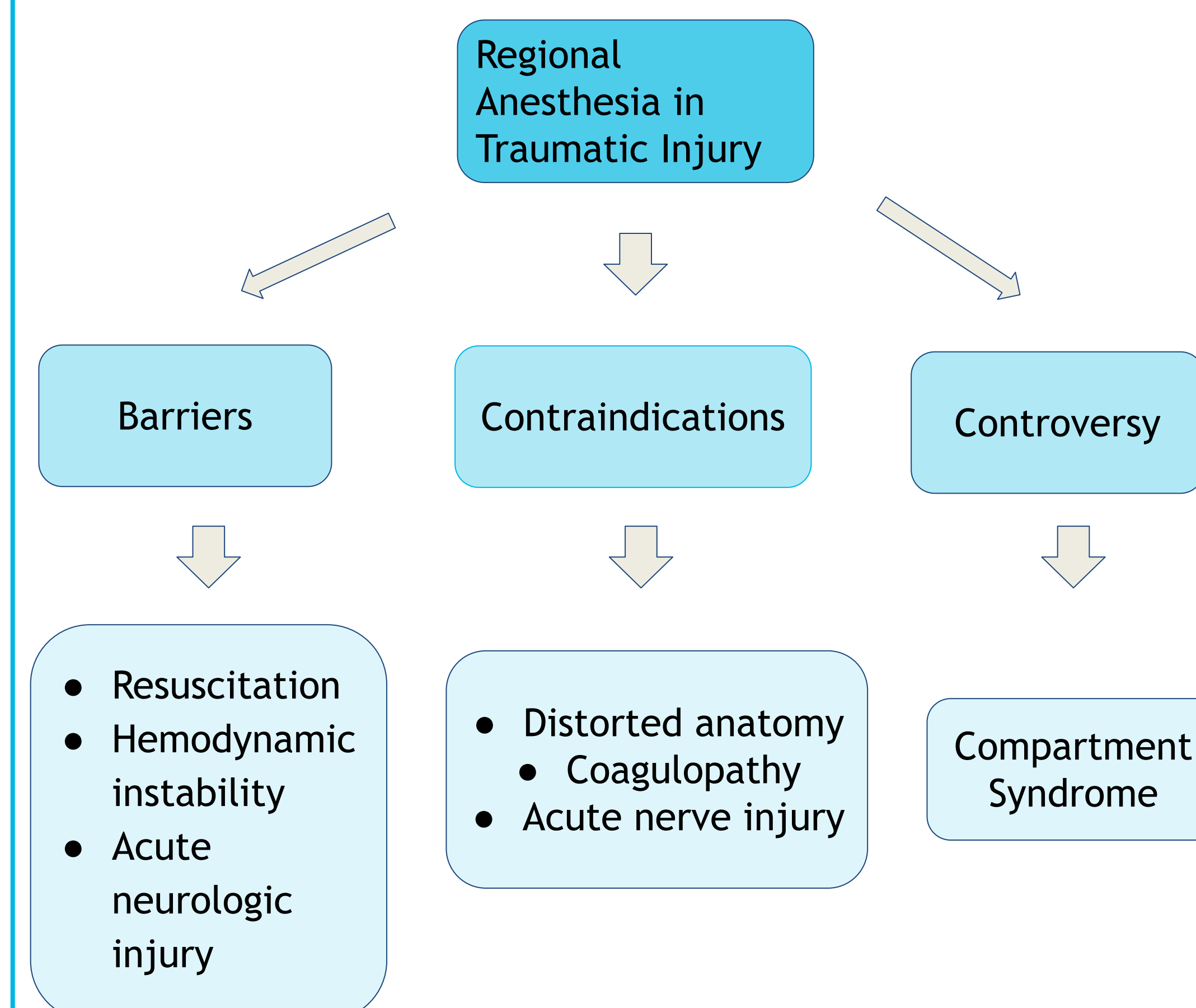


Figure 2

	Intraoperativ ely	PACU	24 hours Postoperativ ely
Patient 1	53 OME	0 OME	4 OME
Patient 2	19 OME	18 OME	18 OME

Figure 3



DISCUSSION

- Inadequate pain control in trauma patients is associated with poor quality of life, development of chronic pain disorders, and opioid misuse
- One of the most modifiable risk factors to developing chronic pain syndromes and opioid misuse is inadequate acute pain management
- Opioids have become the “status quo” in acute pain management for orthopedic injuries, however they can interfere with recovery, can lead to opioid related adverse events such as respiratory depression, and cause negative long-term consequences like opioid dependence.

CASE 2

- **Overview:** 53-year-old woman with a closed patellar fracture after a mechanical fall from standing height
- **Intervention:** General anesthesia only
- **Main outcome measures:** In the PACU, the patient had a pain score rating of 10/10 and required 36mg OME in the first twenty four hours after surgery

CONCLUSIONS

- Patients with acute orthopedic traumatic injuries are at high risk for developing short-term and long-term consequences related to inadequate acute pain management.
- Regional anesthesia should be used as part of the multimodal pain regimen when possible

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