Multimodal Opioid-Sparing Analgesia Following Ambulatory Surgery in Rural Uganda

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INTRODUCTION

- Uncontrolled postoperative pain is a risk factor for complications, unplanned readmissions, and decreased functional status
- Concerns regarding inadequate pain management after discharge is a barrier to the adoption of ambulatory surgery in low- and middle-income countries

OBJECTIVES

To evaluate pain after discharge from Kyabirwa Surgical Center (KSC), a standalone ambulatory surgery center in rural Eastern Uganda, and to assess the impact of pain on patients' functional status during the immediate recovery period

METHODS

- KSC surgical patients were administered a survey between postoperative days 5-7 to assess pain after discharge
- Charts were reviewed retrospectively to identify patients' surgery, anesthesia, and discharge medications
- Univariate analysis was used to correlate patients' pain scores with postoperative pain medication regimen

RESULTS

- Type of multimodal pain regimen was not correlated with difference in pain scores (**Figure 1**)
- Tramadol prescribed on discharge (20/83, 24.1%) was associated with higher maximum pain scores (p = 0.030)
- Paracetamol prescribed on discharge (68/83, 81.9%) was associated with lower maximum pain scores (p = 0.0028)
- Higher maximum pain score was correlated with interference in walking (p = 0.013), sleeping (p = 0.0023), and general activity (p < 0.001) (**Figure 2**)
- Patients with longer prescription durations (6-7 days versus 4-5 days), reported that pain interfered less with walking (p=0.047) and mood (p=0.011)

Figure 1: Association between Postoperative Pain Medications and Maximum Post-discharge Pain Score

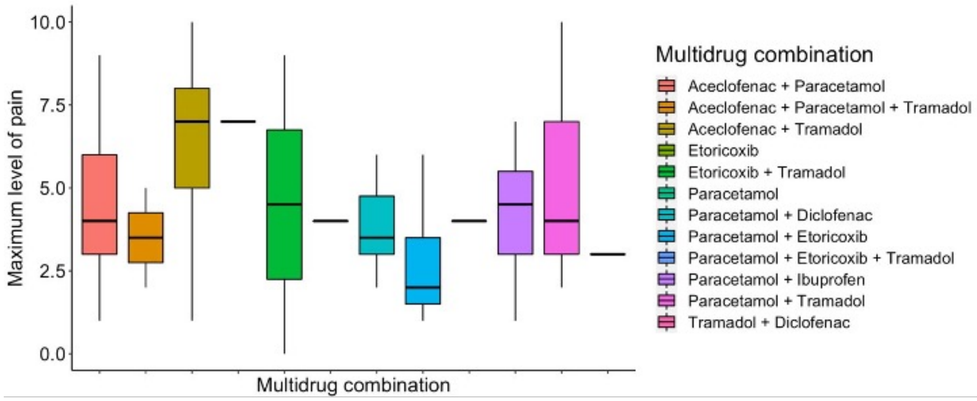
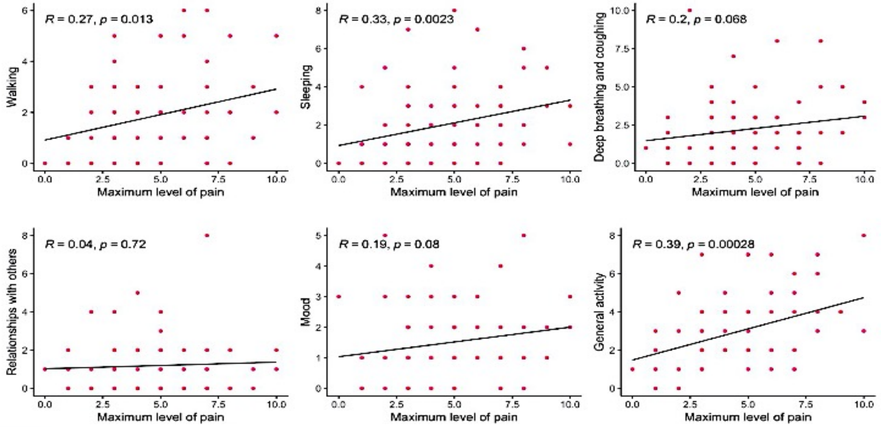


Figure 2: Maximum Post-discharge Pain Score and level of interference with functional activities



CONCLUSIONS

- Post-discharge pain in day surgery patients in rural Uganda can be well-managed without widespread use of oral opiates
- Pain is weakly correlated with functional status during the early post-operative period

LIMITATIONS

- Types of surgeries and perioperative anesthesia were not standardized
- Potential for recall bias surveying participants between POD 5-7