

A PAIN FREE EXPERIENCE WITH UTERINE ARTERY EMBOLIZATION – IMPLEMENTATION OF PATIENT CONTROLLED ANALGESIA

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INTRODUCTION

Pain is a complicated , often debilitating problem that can have major impact on ones physical and mental well being.

The International Association for the Study of Pain defined pain as a “Universal sensory and emotional experience associated with actual or potential tissue damage.” Pain relief has been acknowledged as a basic human right. The unreasonable failure to treat pain is viewed as an unethical breach of human rights.(WHO).

The JCI and WHO along with many national professional organizations and agencies, have recognized that pain management is an essential aspect of patient care. Ineffective pain management can lead to a marked decrease in desirable clinical and psychological outcomes and overall quality of life and also could impact the healing process.

Uterine Artery Embolization (UAE) provides a minimally invasive alternative to surgical management of uterine fibroids. However, the pain associated with the procedure is severe and is poorly managed.

BACKGROUND

In the in-patient unit, post-procedure patients received oral or IM analgesics as PRN or standard dose following major therapeutic or diagnostic procedures. Direct feedback from patients indicated that the quality of pain relief was sub-optimal. Few patients were prescribed PCA as pain management following UAE.

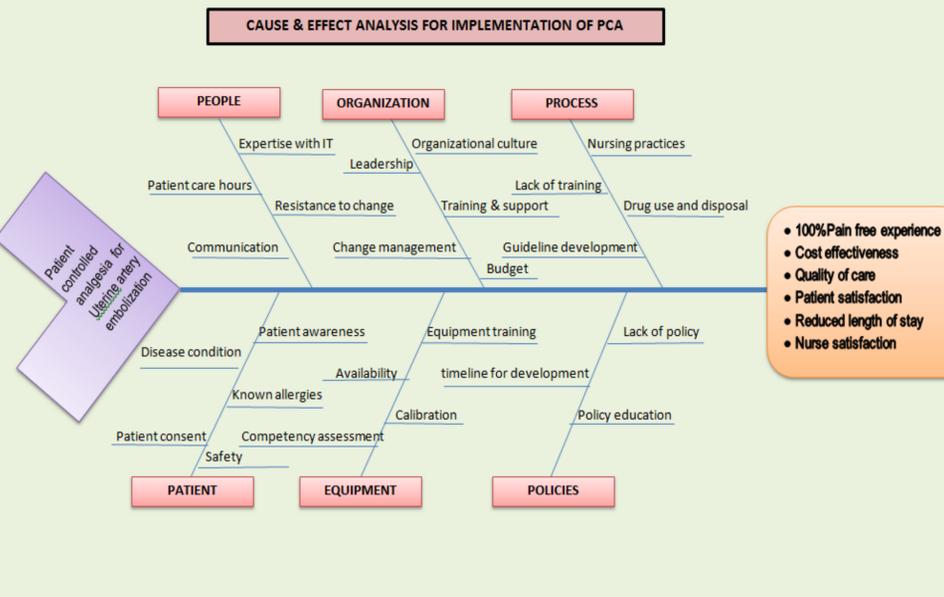
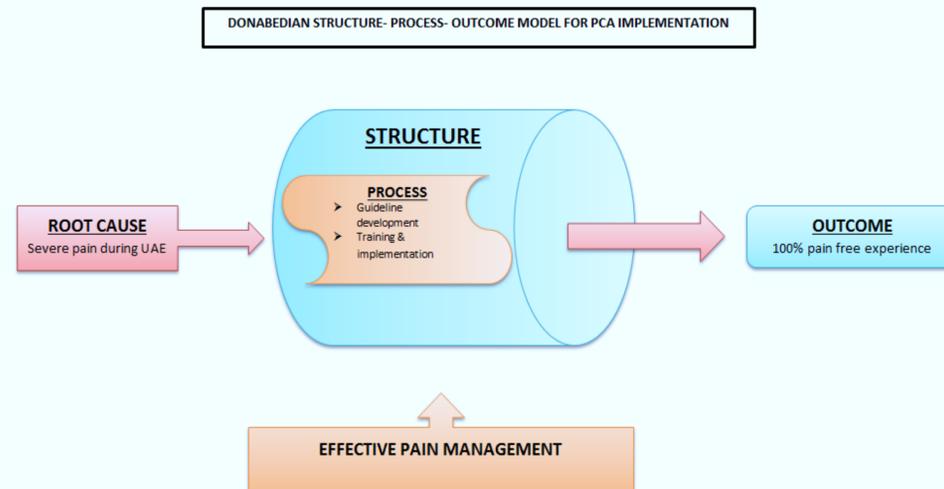
Spencer (2013) reinforces the importance of using PCA for patients undergoing UAE as a pre procedure routine. HMC protocol 10516 has also recommended that PCA can be given to patients undergoing UAE. However, this was not mandatory and hence was not practiced.

AIM

- Experience a pain free hospital stay post UAE procedure.
- Reduce the length of stay of patients in the hospital.
- Improve patient satisfaction during hospitalization.



IMPROVEMENT METHODOLOGY

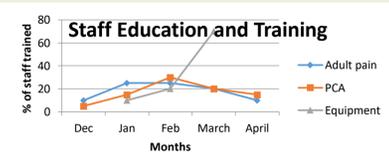


APPENDIX B-2 CLINICAL PROTOCOL

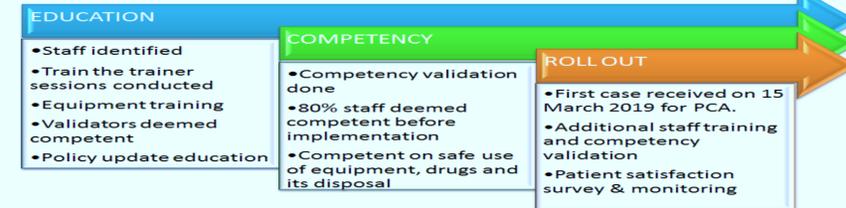
TITLE: UTERINE ARTERY EMBOLIZATION (UAE) FOR THE MANAGEMENT OF FIBROIDS	ORIGINAL DATE: March 2011
IDENTIFICATION NUMBER: CPRO 10516	LAST REVISION DATE: March 2019
HOSPITAL(S): Hamad General Hospital, Women's & Wellness Research Center, Al Khor Hospital	NEXT REVIEW DATE: March 2022
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7.7 PRE-PROCEDURE PREPARATIONS

- Intravenous Patient Controlled Analgesia (PCA) should be given to patient for use during the first 24 hours after UAE procedure. This should be started by the Anesthetist, in an area certified for PCA, before the patient is transferred to the Department for embolization.

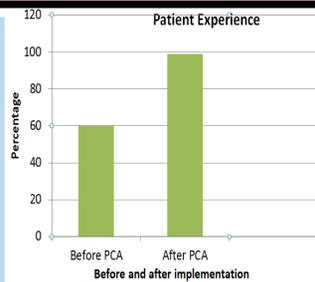


IMPLEMENTATION



OUTCOME & RESULTS

- PCA was successfully implemented in the gynecology unit on 15th March 2019 for patients undergoing UAE.
- Post procedure the patients experienced a pain free and a reduced length of stay in the hospital.



CONCLUSION

What a patient believes and understands about pain is critical in influencing their reaction to the pain therapy provided. Use of interdisciplinary pain teams can lead to improvements in patients' pain management, pain education, outcomes, and satisfaction.

Implementation of PCA for UAE has shown significant improvement in the patient satisfaction which is also supported by evidence. This shows that patients treated in this manner largely recover completely within 5 days and have a far less traumatic experience than patients treated by traditional methods .

SUSTAINABILITY PLAN

- Rolling out of PCA for other surgical procedures
- Implementation of PCEA for surgical clients.
- Implementation of PCA and PCEA in other units
- Competency revalidation.



In Collaboration with



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