**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