

FINDING THE INTERSECTION OF PATIENT SATISFACTION AND PATIENT SAFETY

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Surgeons and anesthesiologists today are engaged in a tug of war: keeping patients safe, while at the same time, trying to provide high quality analgesia and improve patient satisfaction. The recent national conversation around the opioid epidemic has brought this challenge to the forefront, and the U.S. Department of Health and Human Services announced in October 2015 that it would review how hospitals' patient satisfaction surveys influence pain management practices, including the prescribing of opioid-based analgesics.¹



Three percent of opioid naïve patients that are prescribed opioids after major elective surgery continue to use opioids for more than 90 days post-op.² This may seem like a small percentage,

but it represents a serious public health issue given the millions of surgical procedures performed in the United States each year. These statistics underscore why there is a need to limit opioid use while still providing high quality pain control for patients. As clinicians, we must explore options other than traditional opioid analgesics for improving patient analgesia and satisfaction without compromising safety.

Other options for post-operative pain relief include systemic therapies (e.g. NSAIDs), neuraxial techniques (e.g. epidural), and regional analgesia. Systemic therapies, such as NSAIDs, offer broad, non-specific pain relief but are often insufficient analgesics by themselves for the degree of pain produced by surgery. While neuraxial techniques provide a high level of analgesia by preventing pain signals from reaching the brain, side effects such as hypotension, motor weakness, and concerns about anticoagulation limit their use and

effectiveness. Regional analgesia blocks pain signals from a specific area of the body, such as the knee or abdomen. While regional analgesia provides pain relief without many of the side effects of neuraxial techniques, adoption has been slow.

All modes of post-operative analgesia come with risks, but a significant percentage of patients receiving opioid analgesics experience adverse events. These events range from just dissatisfying, such as constipation (seen in 45-95% of patients)³, pruritus (up to 10%), and nausea (25%);⁴ to life-threatening, such as respiratory depression;⁵ to life-altering, such as opioid dependence. Costs related to opioid therapy, such as equipment and monitoring (e.g. pulse oximetry and/or end-tidal CO₂) and staffing costs make what seems like an inexpensive medication a much more costly endeavor. As it can take nurses an average time of ten minutes to administer and document opioid analgesics,⁶ staffing costs alone are not insignificant.

A significant percentage of patients receiving opioid analgesics experience adverse events, such as:

- Constipation 45-95%³
- Pruritus up to 10%
- Nausea 25%⁴

In contrast to opioids, the side effects of other post-operative pain treatments are typically less severe and serious adverse events less frequent.^{7,8,9} In the past, when analgesic options were very limited, the risk-benefit profile of opioid analgesics justified their widespread use. However, today's broadened armamentarium

has shifted the risk-benefit profile away from the use of opioids. Multi-modal analgesia with regional anesthesia as the foundation, supported by systemic non-opioid analgesics such as NSAIDs, pregabalin, etc., allows patients to have superior pain control and reduced side effects while at the same time minimizing the need for opioids. Patients treated in this fashion are typically very satisfied, as one study demonstrated, with nearly 95% of patients who were treated with a peripheral nerve block for post-op analgesia saying they would have one again in the future.¹⁰

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The final factor impacting the balance of patient safety and satisfaction are the patients themselves. Patients must be included in the decision making process with a careful discussion of the relative benefits and risks of different therapeutic options as well as how their individual health history affects their care. Two factors that are critical to patient satisfaction are properly educating patients about their post-operative course and setting appropriate expectations for what is attainable in terms of post-operative analgesia.¹¹ In a perfect world, this process is started in the surgeon's office and reinforced by all healthcare providers throughout a patient's hospital course. Now that we have the tools, we need to shift away from opioids as the cornerstone of post-operative analgesia to give patients the outcomes that they expect and deserve.

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