Planned surgery, unplanned pain

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Outline

- Background: live kidney donation
- Preparation for surgery
- Operation
- Immediate pain management: donor versus recipient
- Recovery
- Is there a national consensus on pain management?
- Conclusion and recommendations

Organ donation: background

- Demand for organs exceed number donated
- Currently 7,702 patients listed as waiting for an organ in the UK
- Number of patients fulfilling brain stem death criteria has decreased
- Drive for organ donation from:
  - Donation after circulatory death
  - Live related
- Live related donation:
  - Kidney
  - Liver
  - Intestine

Live kidney donation UK

- Between April 1st 2010-March 31st 2011, 1,045 living donor kidney transplants were carried out

- 4 types of living kidney donation
  - Live related
  - Non directed or altruistic
  - Paired or pooled
  - Domino donation

Pre op work up

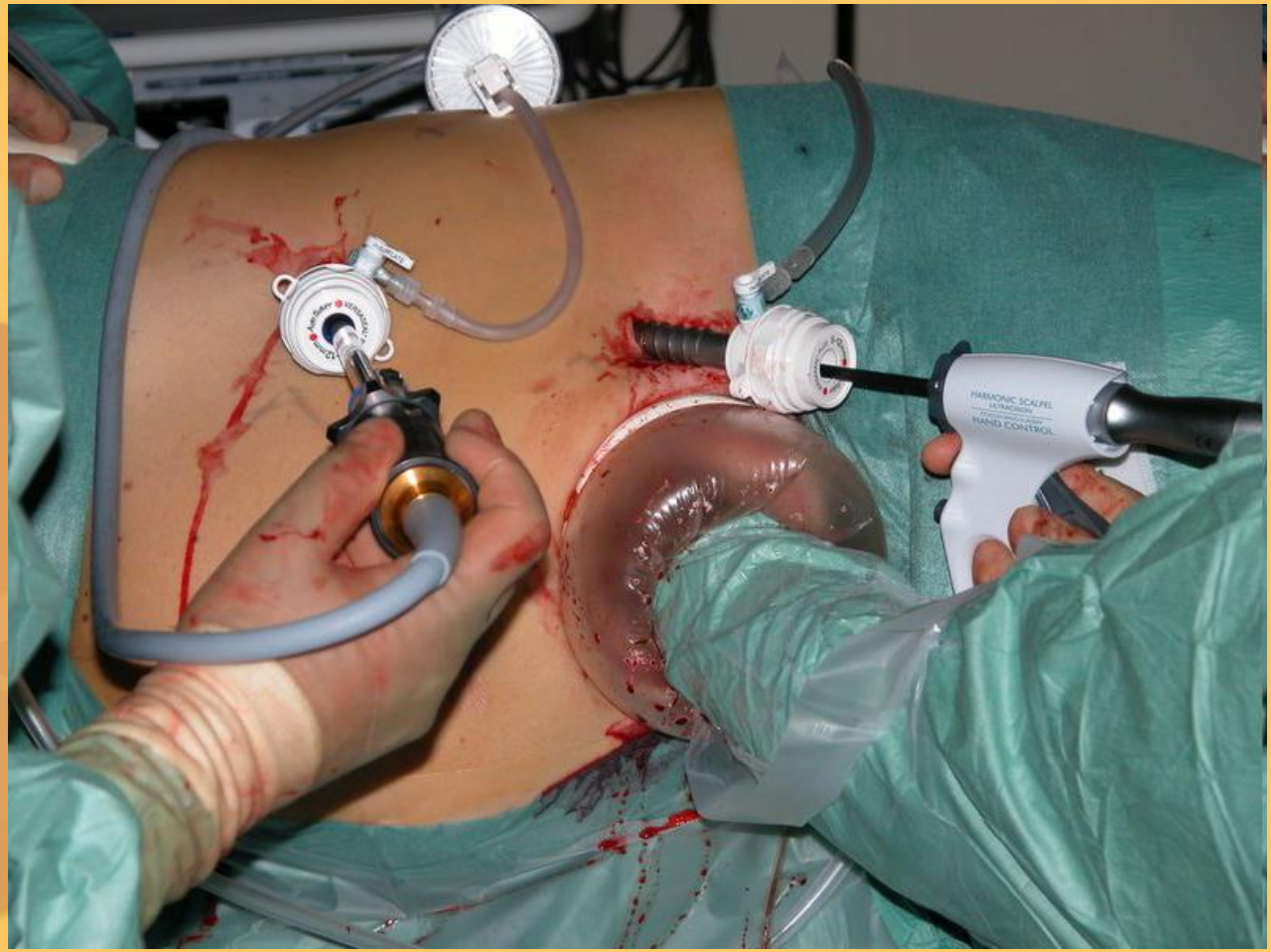
- ~ 6 months
- Transplant coordinator
- Tested for: ABO compatibility and HLA sensitisation; diabetes; urinalysis
- Consultant nephrologist
- Creatinine clearance, GFR
- Imaging: Chest radiograph; ultrasound kidneys and urinary tract; renal CT angiography

Pre op work up: final month

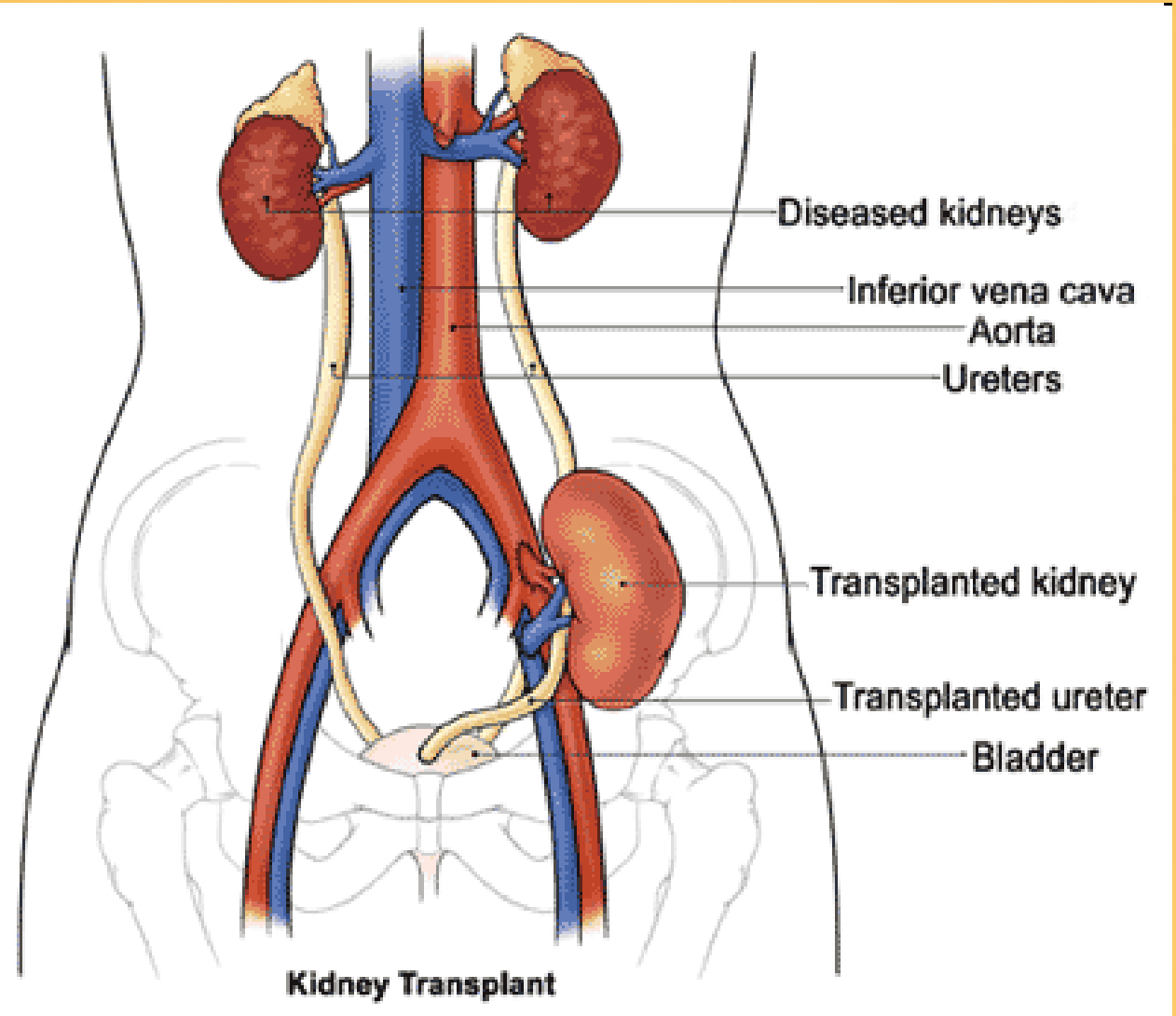
- Surgical appointment
- Psychologist
- Independent Assessor
- Cancelled on the day of initial surgery date
- Rescheduled two weeks later

Operation

Donor: hand assisted laparoscopic surgery



Recipient surgery



Recovery room

- Intra op: TIVA [total intravenous anaesthesia] remifentanil and propofol
  - 10mg Morphine, 75mg Diclofenac and 1g Paracetemol
- Recovery: 20mg Morphine
- Transfer back to ward after 2hrs

Transfer back to the ward

Initial recovery: Donor versus Recipient

Day post op	Me	Dad
0	Morphine PCA	Morphine PCA – pressed twice
1	Fentanyl PCA Walked	Off PCA Mobilising
2	Oxycodone	Paracetemol
3	Oxycodone → tramadol	Paracetemol

Post op recovery

- Discharged on day 5
- 2 weeks – shoulder tip pain
- 4 weeks – holiday to SA [upgraded to business].
- 6 weeks - stopped regular tramadol.

  PRN ibuprofen

  'Tender and tired. Still wearing leggings and dresses as site sensitive.'

My hospital [pain] diary

- Day 1 01/12/10

  So glad it's done. No more uncertainty just a shed load of pain. Swapped from morphine to fentanyl pca after a 4 hour wait for the anaesthetist. Notable with the PCA is the pain after sleep. Ahhhh. And the hiccups with cyclizine.

  EPIDURAL next time.

- Day 3 03/12/10

  Still pain. On oxycodone. Insides feel ripped out. Keep dreaming about a steak sandwich. Can make a more effortful cough now.

  Fentanyl PCA was weirding me out. Weird dreams. Also makes you high and not much else. Awaiting bowels to open. Not been since Monday.

- Day 4 04/12/10

  Opened my bowels!

Post op recovery cont'd

- End of 10th week – sat PACES, MRCP
- 11th week – phased return back to work
- 12th week – return to on call
- 13-18th week – lignocaine 5% patches prn

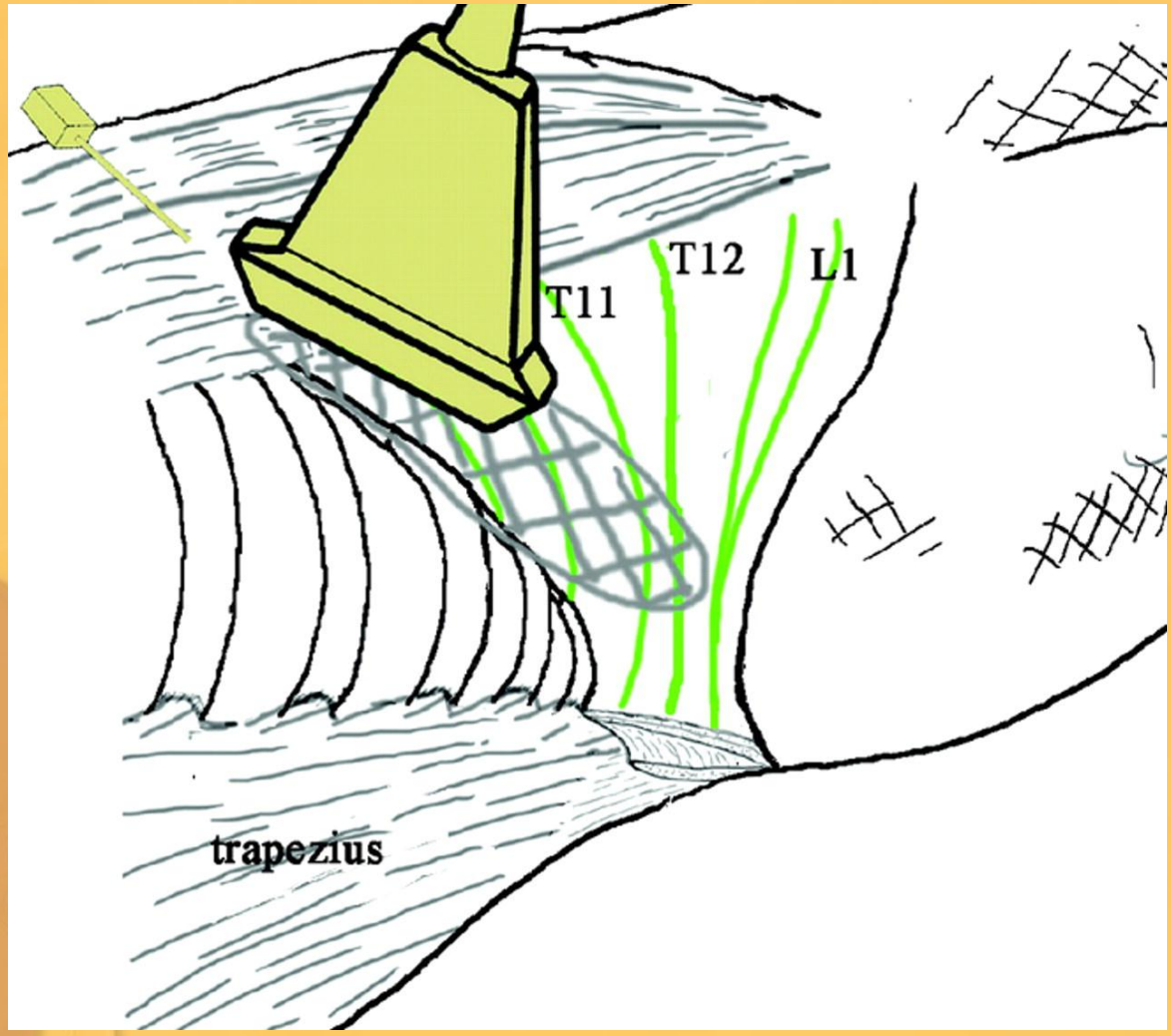
  'Loving lignocaine patches. World of good during four very busy nights at Lewisham.'
- 16th week – cycling to work
- 18th week – pain free
- Ongoing:
  - itchiness from drain site which developed a keloid scar
  - training for a triathlon

?National consensus for pain management

- 25 centres in the UK who perform live kidney transplants

Centre	Type of surgery	Block	Per-op	Post-op
Oxford	Laparoscopic only	TAP block	Fentanyl+ paracetemol	Fentanyl PCA
Royal Free	Hand assisted	Nil	Morphine	Morphine PCA
Bristol	Laparoscopic and hand assisted	+/- TAP block	Morphine, paracetemol and NSAIDS	PCA

Figure 1. Needle and probe position for oblique subcostal TAP block, area of local anesthetic distribution is shown hatched.



Hebbard P Anesth Analg 2008;106:674-675

ANESTHESIA & ANALGESIA

Conclusion/Recommendations

- *'I maintain my pain was worse because of the extensive muscle they had to go through [!] as opposed to me having a ridiculously low pain threshold. Unimpressed by the pain management for donors and I don't know why it should be such an awful experience.'*
- Lack of psychological preparation
  - Failure of myself as a healthcare professional
  - Failure of the work up
- Recommendations to my practice:
  - More attention to pain: PCAs and labour epidurals
  - Follow up patients post major surgery
- General recommendations:
  - Audit
  - TAP block/single shot spinal and PCA

MRCP graduation May 2011

References

- NHSBT Organ donation, http://www.uktransplant.org.uk

- Hebbard, P. Subcostal Transversus Abdominis Plane Block Under Ultrasound Guidance, Anesthesia & Analgesia, February 2008 vol. 106 no. 2 674-675