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Pain management in complicated post - surgery wound of the head and neck district

Francesco Stivala [1] , Antonino Lombardo [1] , Enrica Fontana [1] , Gabriella Della Pace [1] , Giuseppe Riva [1] , Silvia Valzan [1] , Anna De Luca [1] , Sandra Iannarino [1] , Michela Miletta [1] , Mario Paleologo [1]

1. Presidio Ospedaliero Molinette, Città della Salute e della Scienza di Torino, Torino, ITA

Corresponding author: Francesco Stivala, francesco_stivala@libero.it

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Abstract

BACKGROUND

The importance of dressing's pain of complicated post – surgical wounds (extended dehiscences, partial or total flap necrosis) of the head and neck area in generally severe. This pain is very often underestimated and has negative repercussions on the psychophysical well – being of the patient, already strongly compromised by the difficult postoperative path and by the alteration of the body image. The aim of the study was to assess the extent of the patient's pain collected during the dressing, including al the phases of removal, cleansing, debridement, care of periwound skin, closure and fixing.

METHODS

From 1 January 2019 to 31 December 2022, an observational study was made on 60 patients, 48 men and 12 women, aged between 33 and 87 years, with complicated wound of the head and neck area. A validated numerical rating scale (NRS) was used to evaluate pain, with a range from 0 to 10, where zero correspond with no pain and ten to the maximum imaginable pain.

Inclusion criteria

- Adulthood patients with complicated wounds of the head and neck area
- Patients with good basal pain relief (NRS = 0)

Exclusion criteria

- Patients with cognitive impairments

The patient's informed consent was requested with a specific form in accordance with the law 196/2003. The results were inserted into the Microsoft Excel calculation system and the mean and the Standard Deviation (DS) were calculated for each dressing phase.

RESULTS

Removal: mean pain = 1 (DS ± 1)

Cleansing: mean pain = 1 (DS ± 1)

Debridement: mean pain = 6 (DS ± 2)

Closure and Fixing: mean pain = 3 (DS ± 2)

CONCLUSIONS

The results show how, in the removal and cleansing phases, the pain is controlled with low intensity levels. The pain in the debridement phase was not controlled with peaks of NRS = 8 to go down to the closure and fixing phase (NRS = 5). These results show the need for better pain management during the dressing phases. For this purpose, a multidisciplinary group was set up; it was made up for: wound care specialist, hypnotic communication expert nurses, pain specialist anesthesiologist and otolaryngologists. This group have developed a structured therapeutic scheme, based firstly on hypnotic communication and subsequently on local application of lidocaine cream 5 % plus:

- Painful wounds (NRS > 3): Paracetamol 1000 mg (intravenous)
- Before debridement: Tramadol 50 mg in 100 ml of saline solution
- After surgical operation if NRS > 3: Oxycodone 2,5 mg in 100 ml of saline solution (with patient monitoring)

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