



Opioid Sparing Techniques Impact on Patient Recovery After Abdominal Surgery

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Introduction

This research proposal aims to explore the impact of implementing non-opioid medications in managing postoperative pain for patients undergoing abdominal surgeries. Traditional pain management often relies on opioids, which can lead to adverse effects and dependence. By conducting a prospective observational study, we will assess the effects of non-opioid medications on pain management, opioid use, and patient recovery. This study aims to provide valuable insights for clinicians to optimize patient care and promote enhanced recovery in this surgical population.

Methods

Prospective study on opioid-sparing techniques in abdominal surgery: 100 patients aged 18-75, ASA score 1 or 2, divided into intervention and control groups. Intervention: epidural anesthesia or ketamine-lidocaine; Control: opioid-based analgesia. Postoperative pain assessed with VAS/NRS scales at 6, 24, and 48 hours. Opioid use recorded and recovery outcomes (ambulation time, hospital stay, bowel movement, complications) noted. Statistical analysis to compare groups. Goal: Assess impact of opioid-sparing techniques on pain management, opioid use, and patient recovery.

Results

Anticipated Outcomes of Opioid-Sparing Techniques in Abdominal Surgeries:

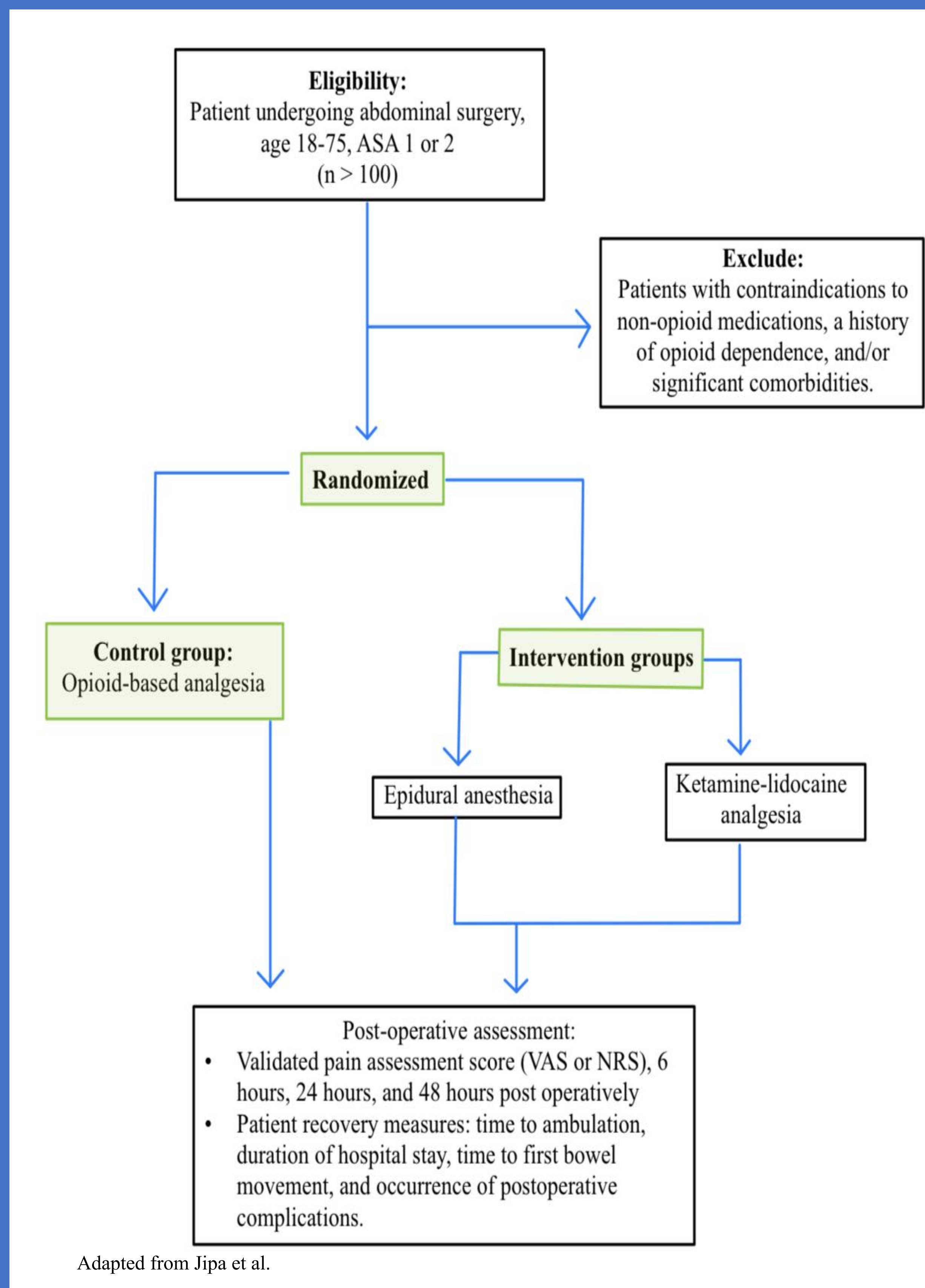
1. Pain Management: Non-opioid medications expected to have improved pain relief compared to opioids (Ready et al., 1994).
2. Opioid Use: Anticipated lower opioid consumption with non-opioid medications (Aryaie et al., 2018).
3. Patient Recovery: Expected faster ambulation, quicker bowel movement, shorter hospital stay, and fewer complications (Aryaie et al., 2018). This research can enhance pain management and patient care in abdominal surgery patients.

Discussion

This study investigated the impact of opioid-sparing techniques, particularly non-opioid medications, on postoperative pain management, opioid use, and patient recovery in abdominal surgery patients. Results supported the effectiveness of non-opioid medications in pain management, reducing opioid use, and enhancing patient recovery. The intervention group showed improved pain control with lower pain scores on validated scales. Additionally, they required fewer opioids during the perioperative period. Patient recovery outcomes, including faster ambulation, earlier bowel movement, shorter hospital stays, and fewer complications, were also observed in the intervention group. These findings highlight the potential benefits of implementing opioid-sparing techniques with non-opioid medications, leading to improved patient care and safety in abdominal surgeries. Further research with standardized protocols is needed to validate these results and optimize pain management strategies in this population.

References

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Adapted from Jipa et al.