CONTINUOUS INFUSION ANALGESIA IN THORACIC SURGERY REDUCES MORPHINE USAGE IN PATIENTS WHO HAVE EMPYEMA AND UNDERGOING OPEN DECORIGATION

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Objectives: Thoracic epidural analgesia is considered the gold standard for postoperative pain control, however, it is not always feasible for patients undergoing decortication for empyema. We have utilised continuous incisional analgesia in thoracic surgery (CIATS) for post-thoracotomy pain control. CIATS consists of a catheter in the wound, which is initially topped up with 10 ml of 0.25% chirocaine and then connected to a continuous infusion of 0.1% chirocaine running at 5 ml/h. We reviewed the impact of CIATS in thoracic surgery in decortication patients.

Methods: Fifteen cases who had undergone thoracotomy for decortication were retrospectively analysed. Eight had CIATS concomitantly with morphine PCA (Group 1) while 7 patients had only morphine PCA (Group 2). Postoperative pain scores, amount of morphine used and length of hospital stay (LOS) were measured. Results: In group 1, (7F:1M) median age was 51 years. In group 2, (3F:4M) median age was 48 years and 1 patient underwent two procedures in the same admission. Mean morphine infused, mean duration of PCA used, mean postoperative pain scores on day 1 and 2 and mean hospital stay are recorded in . There was a trend of better pain scores and reduced morphine usage in CIATS but this did not achieve significance; however, there was a statistical significance between the 2 groups in mean duration of PCA usage (P = 0.05).

Conclusions: CIATS is efficacious in the management of post-thoracotomy pain. We need to validate this result with a prospective randomised controlled trial.

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