LETTER TO THE EDITOR

POSTOPERATIVE PAIN MANAGEMENT PRACTICE
AT TEACHING HOSPITALS IN JORDAN

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Health care providers are participants of pain management. Efforts to identify barriers to effective pain management and attempts to modify those barriers are essentials1,2,3. We usually do patient pain management survey, but in this survey we did the opposite, to set down the basis and grounds of pain management guidelines for our patients.

The aim of our survey was to assess the status of acute postoperative pain management in Jordan, to evaluate the current postoperative pain management practices, identify areas requiring improvement in pain management, to help caregivers optimize pain management with uphold high care standards and identify deficits. 84% were responders to our five questions questionnaire of pain management in Jordan including: governmental, military services, university and private sector teaching hospitals.

The results of 5 survey questions were as follow:

The first question: which of the following employees is responsible to prescribe the postoperative pain management drugs at your institute?

We found that 45.5% Jordanian Anesthetists were responsible for prescription then Surgeons 40.9% and both 13.6%.

The second question: for which of the following employees dose your institute provide regular on site postoperative pain management training?

Anesthetists 54.4% were providers then surgeons 9.1%, both 22.7% and others such as ward nurses, recovery room nurses were 13.6%.

The third question: Are your patients informed preoperatively about postoperative pain management in your institute?

Yes systematically in 32%, Yes if specific/difficult cases 40.9%. Yes on patient demand 13.6%, and No 13.6%.

The fourth question: Are there specific written postoperative pain management protocols in place for treating postoperative pain in ward?

Yes for all patients 22.7%, Yes for following cases (Patient controlled analgesia, Regional or Central block) 40.9%, and NO 27.3%.

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The fifth question: If specific protocols exist for treating postoperative pain in ward, are they applied in daily practice?

Always 22.7%, Often 18.2%, Rarely 45.5%, and Never 13.6%.

This survey has increased our awareness of postoperative pain management and experience for improving the existing practice, also the intense need for written protocols and structured programs. There is still room for improvement with minimum acceptable requirements and much work and continuing vigilance will be required to make transition.

We conclude that despite the growing trend in pain management, our patients are still suffering from postoperative pain in Jordan. No two health care institutions are exactly alike, but rather differ in personnel resources, available equipments and medications, and patient population.

Therefore it is neither possible nor advisable to attempt to create a universal detailed treatment protocol; instead, each institution must develop its own treatment plans to best serve the patient population under its care.

References

BRIDION—**for optimal neuromuscular blockade management** and improved recovery

**Predictable and complete reversal**
- 98% of BRIDION patients recovered to a TOF ratio of 0.9 from reappearance of T₁ second within 5 minutes¹
- 97% of BRIDION patients recovered to a TOF ratio of 0.9 from 1 to 2 PTCs¹ within 5 minutes²

**Rapid reversal**
- BRIDION rapidly reversed patients from reappearance of T₂ second in 1.4 minutes³
- BRIDION rapidly reversed patients from 1 to 2 PTCs¹ in 2.7 minutes³

BRIDION is indicated for the reversal of neuromuscular blockade induced by rocuronium or vecuronium. In children and adolescents (aged 2-17 years), BRIDION is only recommended for routine reversal of moderate rocuronium-induced neuromuscular blockade.

**Important safety information**

BRIDION is not recommended in patients with severe renal impairment. Studies in patients with hepatic impairment have not been conducted and, therefore, patients with severe hepatic impairment should be treated with great caution. Caution should be exercised when administering BRIDION to pregnant women as no clinical data on exposed pregnancies are available.

BRIDION has not been investigated in patients receiving moxonidine or varenicline in the intensive care unit (ICU) setting.

Neuromuscular blockade is required within 24 hours of BRIDION administration, a nonselective neuromuscular blocking agent should be used instead of rocuronium or vecuronium. The most commonly reported adverse reactions were dysgeusia (metal or bitter taste) and anesthetic complications (movement, coughing, stimulating, or sulking on the endotracheal tube). In patients treated with BRIDION, a few cases of awareness were reported. The relation to BRIDION was uncertain. In a few individuals, allergic-like reactions (e.g., flushing, erythematous rash) following BRIDION were reported. Contraindications should be reviewed for the possibility of anaphylactic reactions and appropriate treatment should be ready. In a trial of patients with a history of pulmonary complications, bronchospasm was reported in 2 patients and a causal relationship could not be fully excluded.

Volunteer studies have demonstrated a slight (<17%–22%) and transient (<3 minutes) prolongation of the prothrombin time/activated partial thromboplastin time (PT/ApPT) with BRIDION; however, clinical studies have demonstrated no clinically relevant effect on post- or postoperative bleeding complications with BRIDION alone or in combination with anticoagulants. As BRIDION has demonstrated an in vitro pharmacodynamic interaction with anticoagulants, caution should be exercised. In patients on anticoagulants for a pre-existing or emergency condition, this pharmacodynamic interaction is not clinically relevant for patients receiving routine postoperative prophylactic anticoagulation. Although formal interaction studies have not been conducted, no drug interactions were observed in clinical trials. Preclinical data suggest that clinically significant drug interactions are unlikely with the possible exception of terfenadine, fusidic acid, and hormonal contraceptives.

³ Train-of-four
⁴ Post-tetanic count
⁵ Second twitch

**REFERENCES:**
1. BRIDION Summary of Product Characteristics (SPC)

Please see summary of product characteristics for full prescribing information.

**MSD Be Well**

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