

4th International
ANESTHESIA AND PAIN MEDICINE
CONFERENCE
December 13-14, 2018 Abu Dhabi, UAE

Quality improvement report examining the effectiveness of postoperative intravenous lidocaine infusions in improving acute postoperative pain

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Objective: To improve acute postoperative pain management by introducing a new protocol: Postoperative Intravenous Lidocaine Infusion (IVLI).

Design and Setting: A Quality Improvement (QI) report conducted within the Anesthetic department at Salford Royal Foundation Trust (SRFT)

Method: Current SRFT protocols on perioperative IVLI and postoperative analgesia were reviewed. A systematic literature review was conducted on PubMed database for articles exploring the efficacy of postoperative IVLI published within the past ten years. These were used as the foundation of a new postoperative IVLI protocol.

Result: Ten papers were identified from the literature review. Postoperative IVLI was shown to reduce postoperative pain, opioid consumption, nausea and vomiting and postoperative gastric ileus in three meta-analyses, two systematic reviews and one randomised controlled trial.

Conclusion: This QI report has highlighted postoperative IVLI as an effective and safe method of pain management following surgery. A proposed protocol for postoperative IVLI was developed. Acute postoperative pain management can be further improved from the current protocols.

Biography

Undergraduate training: Diploma in Medicine and General Surgery, MD Slovakia; 1997. Postgraduate qualifications and fellowships: Fellowship of the Royal College of Anaesthetists; UK (FRCA). Slovakian Board in Anaesthesia and Intensive Care Medicine. Membership of the academy of medical educators (MAcadMED). Teaching activities: Senior university lecturer university of Manchester, medical school. Lead of examination for fourth year medical school; university of Manchester. Academic advisor. Member of the north school of anaesthesia interview panel. Management responsibilities: Previous Clinical Director of The Day Surgery Unit at Salford Royal Hospital NHS Trust, University Teaching Hospital. Expert in: Awake craniotomies. Neuro anaesthesia and anaesthesia for major spinal surgery. Anaesthesia and pain management for colorectal surgeries; laparotomy and Laparoscopy. ERAS protocol for orthopaedics surgery. Upper GI surgery.

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