

Nursing rehabilitation of patients after total hip replacement: Based on clinical nursing research

Britta Hordam
University College Sealand, Denmark

Objective: Based on results of a ph.d.study aimed to study the effect of rehabilitation nursing to patients with new hip after early discharge.

Method: Two post docs randomised clinical trials of 260 patients focusing on patients health status by using SF-36 at 4 weeks pre- and 3 and 9 months postoperatively were carried out. Patients were randomised 4 weeks preoperatively to either to control or intervention groups. Both groups received the conventional surgical treatment, but the intervention groups 1 and 2 were either interviewed by telephone 2 and 10 weeks (group 1) or 1, 3 and 7 weeks (group 2) after surgery by a nurse specialist. Patients were given counselling within eight main dimensions with reference to their postoperative situation based on specific developed counselling and clinical guidelines to patients after hip replacement.

Results: All patients experienced improvement in health status. The counselling significantly reduced the time patients needed to reach their habitual levels: the intervention patients reached their habitual levels at least 3 months whereas the control patients reached theirs after 9 months.

Conclusion: Nursing intervention and innovation by telephone interviews and support in the postoperative phase seems to benefit patients' improvement within rehabilitation.

Relevance to clinical practice: Rehabilitation nursing based on research in patients self-rated health and intervention program by using clinical guidelines postoperatively after early discharged.

bhoerdam@mail.dk

The efficacy of EXPAREL™, a multivesicular liposomal extended release bupivacaine

Sergio Bergese
The Ohio State University, USA

EXPAREL, a recent FDA-approved long-acting local analgesic demonstrates a well-tolerated safety profile, efficacy in wound infiltration studies. The EXPAREL wound infiltration program encompassed multiple dosing comparisons through 10 clinical trials: 9 randomized, parallel-group; 7 with bupivacaine control; 2 with placebo control. 823 patients were exposed to EXPAREL at doses from 67 mg to 532 mg in soft tissue and orthopedic models across five different surgical procedures: hemorrhoidectomy, bunionectomy, breast augmentation, total knee arthroplasty, and inguinal hernia repair. 446 control patients received bupivacaine (dose: 75 mg - 200 mg) and 190 received placebo. Efficacy was assessed by multiple methods, with a program-wide endpoint of the area under the curve of the numeric rating scale for pain at rest through 72 hours applied. Pivotal trials met their primary endpoint (numeric rating scale scores for pain at rest combined to generate the area under the curve through 72 hours (hemorrhoidectomy) and through 24 hours (bunionectomy) with $P < 0.0001$ and $P = 0.0005$ respectively. When a program-wide endpoint of the area under the curve of the numeric rating scale score for pain at rest from 0 - 72 hours was applied, statistical significance was again achieved in both soft tissue and orthopedic models favoring EXPAREL over the control arm, with greater differences at 72 hours compared to 24 hours (Figures 4 and 5). Demonstrated by evidence presented, EXPAREL has efficacy as a long-acting local analgesic. EXPAREL is a long-acting local analgesic with efficacy for 3 days, indicative of a foundational element re multimodal regimen, reducing postsurgical pain.

Biography

Sergio Daniel Bergese took his MD from the National University of Cordoba, Argentina, 1988. As Research Associate, Department of Surgery, Division of Transplantation, The Ohio State University, he became enamored with clinical trials and writing. Currently Director of Neuroanesthesia, Neuroanesthesia Fellowship, Director of Clinical and Neurological Research, Department of Anesthesia, Dr. Bergese's research interests include Neuroanesthesia, anesthesia monitoring, and mitigation of risks and discomforts associated with anesthesia. He enjoys mentoring, overseeing numerous projects, presentations related to anesthesia, neurosurgery, general surgery, and critical care. Dr. Bergese serves on the editorial board of several journals as he continues his own prolific writing.

sergio.bergese@osumc.edu