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Bariatric surgery and pain: Are we doing the right thing?

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Evidence suggests obesity may be the number one cause of death in North America. Canadian clinical guidelines have identified bariatric surgery as the only recommendation for sustained weight loss in morbidly obese persons who have been unsuccessful at losing weight. Toronto Western Hospital (TWH), University Health Network is a large volume Center of Excellence which performs two types of bariatric surgeries: Roux-en-Y gastric bypass and vertical sleeve gastrectomy. There are challenges with designing an optimal postoperative pain management regime for obese individuals due to altered pharmacokinetics in obesity. Very few studies examine pain management post bariatric surgery however pain remains one of the top three causes of readmission after bariatric surgery. The purpose of this longitudinal, descriptive, correlational study was to examine acute and chronic pain and patient satisfaction with pain management both pre and post bariatric surgery. Fifty seven patients having bariatric surgery at one surgical center in 2013 were followed longitudinally and data from validated, self-report instruments including the BPI-SF and Numerical Pain Rating scale were collected at 7 time points. Repeated

measures ANOVA was used to compare mean acute pain scores at rest and with mobilization. Chronic pain scores for average, worst and least pain were compared preoperatively and at 6 months postoperatively using a paired T-test. Chronic pain interference scores totalled for each of the 2 time points: preop and 6 months postop. The mean scores for the 2 time points were compared using a paired T-test. Consistent with existing literature, the preliminary results of this study demonstrate a high level of patient satisfaction with pain management following bariatric surgery. There was a trend towards decreased acute, post-operative pain both at rest and with mobilization over time. There was a significant trend towards decreased average chronic pain severity and pain interference scores at 6 months post operatively. This study was limited by its small sample size which was drawn from a single surgical center. However this study provides preliminary evidence that acute pain after laparoscopic bariatric surgery is reasonably well controlled and chronic pain and pain interference may improve after bariatric surgery.

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