

Kontinuirana infiltracija rane lokalnim anestetikom u terapiji akutnog postoperativnog bola

Continuous Wound Infiltration with Local Anesthetic in the Therapy of Acute Postoperative Pain

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Uvod: Postoperativni bol je rasprostranjen izazov sa kojim se susreću brojni pacijenti i može značajno uticati na njihov oporavak i kvalitet života. Upravljanje bolom i njegovo lečenje predstavljaju važne aspekte u savremenoj anesteziologiji. Kao deo multimodalnog pristupa u terapiji bola korišćena je specijalno dizajnirana pumpa i kateter (ON-Q) u kontinuiranoj infiltraciji rane levobupivakainom 0,125%, brzinom od 5ml/h.

Cilj: Istraživanje u okviru rada ima za cilj da pruži kompletno razumevanje kontinuirane infiltracije rane lokalnim anestetikom u terapiji akutnog postoperativnog bola.

Metoda rada: Za ispitivanje uspešnosti kontrole bola korišćena je numerička skala bola koju su pacijenti popunjavali 12, 24, 36, 48 i 72 sata nakon operacije.

Prikaz slučajeva i rezultati

- Pacijent 1: muškarac, starosti 53 godine bez komorbiditeta, primljen zbog apscesa skrotuma i velike femoralne kile sa desne strane.
- Pacijent 2: žena, starosti 78 godina, sa serijskom frakturom rebara i posledičnim hematotoraksom; od komorbiditeta su prisutni hipertenzija, atrijska fibrilacija i ranije kreirana kolostoma nakon resekcije kolona. Podvrgnuta video-asistiranoj torakoskopiji.
- Pacijent 3: muškarac, star 73 godine, sa prisutnim brojnim komorbiditetima, uključujući demenciju, hipertenziju, koronarnu bolest, infarkt miokarda i plasiranje 2 stenta, cerebrovaskularni insult. Podvrgnut totalnoj artroplastici kolena.

Intenzitet bola	pacijent 1	pacijent 2	pacijent 3
12h	2	5	3
24h	1	2	5
36h	1	2	4
48h	2	1	8
72h	1	1	4

Ukupna doza analgetika: paracetamol 3g, paracetamol 3g, novalgetol 12,5g, paracetamol 5g, novalgetol 7,5g.

Zaključak: Kontinuirana infiltracija rane lokalnim anestetikom je visokoeфикасна metoda terapije bola, prihvaćena u svetu kao deo multimodalnog pristupa lečenja postoperativnog bola, i ona omogućava adekvatnu optimalnu kontrolu bola, ranu mobilizaciju i brži oporavak.

Ključne reči: lokalni anestetik, postoperativni bol, kontinuirana infiltracija rane

Introduction: Postoperative pain is a widespread challenge faced by many patients and can significantly affect their recovery and quality of life. Pain management and its treatment are important aspects of modern anesthesiology. As part of a multimodal approach in pain therapy, a specially designed pump and catheter (ON-Q) was used in the continuous infiltration of the wound with levobupivacain 0.125%, at a rate of 5 ml/h.

Aim: Research within the paper aims to provide a complete understanding of continuous wound infiltration with local anesthetic in the treatment of acute postoperative pain.

Methods of paper: To examine the success of pain control, a numerical pain scale was used, which patients filled in 12, 24, 36, 48, and 72 hours after surgery.

Presentation of cases and results

- Patient 1: male, 53 years old without comorbidities, admitted for scrotal abscess and large femoral hernia on the right side.
- Patient 2: woman, 78 years old, with a serial rib fracture and consequent hemothorax; comorbidities include hypertension, atrial fibrillation, and previously created colostomy after colon resection. Subjected to video-assisted thoracoscopy.
- Patient 3: male, 73 years old, with numerous comorbidities present, including dementia, hypertension, coronary disease, myocardial infarction and placement of 2 stents, cerebrovascular insult. Underwent total knee arthroplasty.

Pain intensity	patient 1	patient 2	patient 3
12h	2	5	3
24h	1	2	5
36h	1	2	4
48h	2	1	8
72h	1	1	4

Total dose of analgesics: paracetamol 3g, paracetamol 3g, novalgetol 12.5g, paracetamol 5g, novalgetol 7.5g.

Conclusion: Continuous wound infiltration with local anesthetic is a highly effective method of pain therapy, accepted in the world as part of a multimodal approach to the treatment of postoperative pain, and it enables adequate optimal pain control, early mobilization, and faster recovery.

Key words: local anesthetic, postoperative pain, continuous wound infiltration