

Delineating the burden of chronic post-operative pain in patients undergoing open repair of complex ventral hernias

Colin G. DeLong, MD, Justin A. Doble, MD, Amber L. Schilling, PharmD, MEd, MD, FACS Eric M. Pauli, MD, FACS, FASGE, David I. Soybel, MD, FACS



PII: S0002-9610(17)31104-2

DOI: [10.1016/j.amjsurg.2018.01.030](https://doi.org/10.1016/j.amjsurg.2018.01.030)

Reference: AJS 12738

To appear in: *The American Journal of Surgery*

Received Date: 12 July 2017

Revised Date: 19 December 2017

Accepted Date: 3 January 2018

Please cite this article as: DeLong CG, Doble JA, Schilling AL, Pauli FASGE EM, Soybel DI, Delineating the burden of chronic post-operative pain in patients undergoing open repair of complex ventral hernias, *The American Journal of Surgery* (2018), doi: 10.1016/j.amjsurg.2018.01.030.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

ABSTRACT

BACKGROUND: After open complex ventral hernia repair (cVHR), chronic pain has a significant impact on quality of life and processes of care.

METHODS: Records of 177 patients undergoing cVHR were reviewed in order to characterize the burden of managing postoperative pain in the first post-operative year following open cVHR.

RESULTS: In this cohort, 91 patients initiated at least one unsolicited complaint of pain, though phone call (37), unscheduled clinic visit (45) or evaluation in the emergency room (9); among these an actionable diagnosis was found in 38 (41.8%). Among 41 patients who initiated additional unsolicited complaints of pain, an actionable diagnosis was found in only 3 patients. Risk factors for such complaints included pre-operative pain and the use of synthetic mesh.

CONCLUSIONS: Even in the absence of an actionable diagnosis, significant resources are utilized in evaluation and management of unsolicited complaints of pain in the first year after cVHR.

Download English Version:

<https://daneshyari.com/en/article/8830687>

Download Persian Version:

<https://daneshyari.com/article/8830687>

[Daneshyari.com](https://daneshyari.com)