TU468 EVALUATION OF THE INCIDENCE OF CHRONIC PAIN IN ELDERLY SUBJECTS AFTER SURGERY FOR HIF FRACTURE (ABOUT 264 PATIENTS - BATNA UNIVERSITY HOSPITAL)

L. Djebara, MH. Benlaribi, N. Boudouh, N. Grainat
Laboratory of Studies, Evaluation and Pain Treatment of Batna 2 University,
University Hospital Center of Batna Algeria

INTRODUCTION

Hip surgery of an elderly have a growing relationship with the process of aging within our community

The development of postsurgical pain is associated to the long process of healing and the extended use of pain killers, which causes a socioeconomic issue recognized by the 'WHO'

Postsurgical chronic pain affects nearly 10 to 30% of the patients.

The neurological lesions or central pain syndrome are the neuropathic origin of post-operative chronic pain in the hip.

Even though postsurgical pain is normal and will disappear with time, some patients keep feeling a disturbing chronic pain that affects the quality of their everyday life.

Objective

-To evaluate of the postoperative chronic pain incidence after 12 months of recovery from hip fracture of an elderly patient.

-To determinate its impact on the patients autonom

RESULTS

Demographic analysis

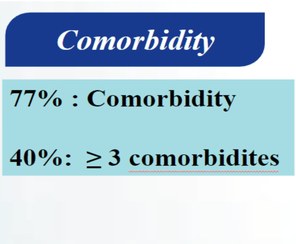
75 ≤ %61 years old.

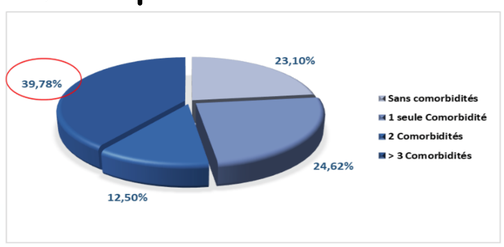
Age: 10 ± 78 years / (104 - 60 years)

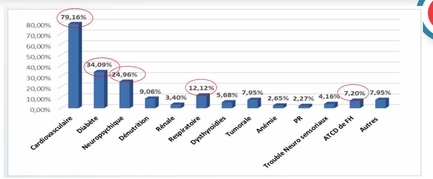
58 % = Women, Sex-Ratio = 0,7

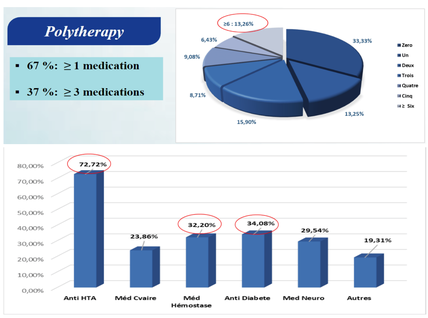
Type of fracture

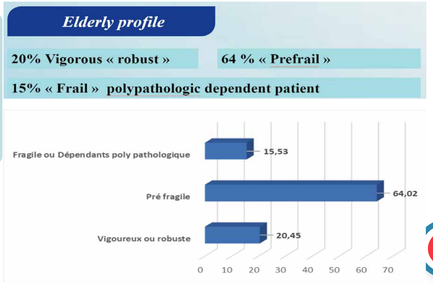
60 % = Pertrochanteric fracture

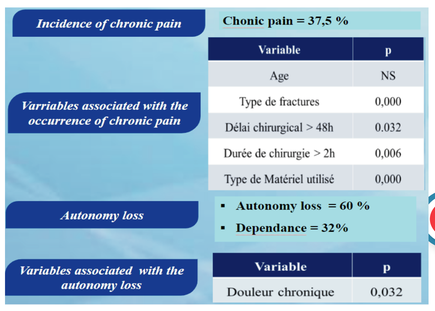












DISCUSSION

We noticed persistent postsurgical pain in 37,5% of 12 months survivors. Shyn and al:

- Moderate pain (41%)

Severe pain (25%) in 12 months

This pain was highly associated to:

- The type of fracture (hip fracture / pertrochanteric)
- The duration of surgery ≥ 2 H
- The type of used osteosynthesis materials (screw plate = 31%) in comparison with those who benefited from Moore prosthesis.
- Extended surgical time ≥ 48 H
- Insufficient use of postoperative painkillers

High rate of addiction = 32%

Dyer and Tang: 10% to 20% become addicts

Explained with;

- The type of osteosynthesis materials used.
- Pain
- Insufficient functional rehabilitation

POCP was described during physical exercise (walking), which has an impact on post-operative rehabilitation as in Kenne's study

Hommel and Sims-Gould, the pain occurred immediately after the fracture and remained a problem 6 to 12 months later. It is difficult to relate this to the development of acute post-operative pain or to pre-existing pain before the operation. In all cases, pain management is necessary pre-, intra- and post-operatively

RECOMMANDATIONS

A global protocol of medical care with multimodal analgesia can help with chronicity

Optimization of analgesia since the admission to the ER using nerve blocks (Fascia-iliaca compartment block)

Education of the medical staff

Organizing care courses that are assimilated to orthogeriatrics, which helps optimizing medical care since the admission and improves functional and vital prognosis

CONCLUSION

Postsurgical hip fracture pain of elderly patient is multifactorial

Using an analgesic protocol before, within, and after surgery helps improving vital and functional prognosis.

Références

Shyu YIL, Chen ML, Chen MC, Wu CC, Su JY. Postoperative pain and its impact on quality of life for hip-fractured older people over 12 months after hospital discharge. J Clin Nurs. mars 64 755:(5)18;2009

Tang VL, Sudore R, Cenzer IS, Boscardin WJ, Smith A, Ritchie C, et al. Rates of Recovery to Pre-Fracture Function in Older Persons with Hip Fracture: an Observational Study. J Gen Intern Med. 1 févr 8 153:(2)32;2017.

Dyer SM, Crotty M, Fairhall N, Magaziner J, Beaupre LA, Cameron ID, et al. A critical review of the long-term disability outcomes following hip fracture. BMC Geriatr. 2 sept 158:(1)16;2016.

Keene GS, Parker MJ, Pryor GA. Mortality and morbidity after hip fractures. Br Med J. 13 nov 50 1248:(6914)307;1993.