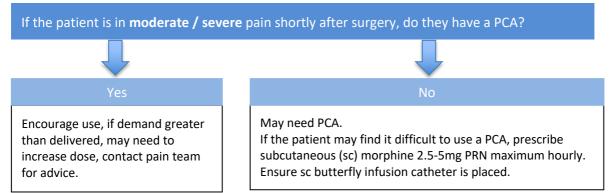
## Postoperative pain management in the emergency laparotomy patient over 65

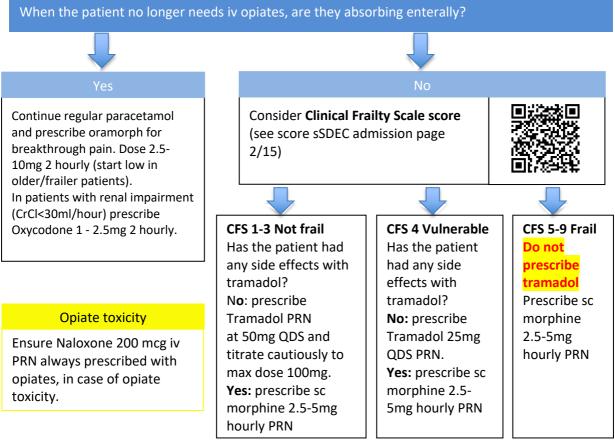
- All emergency laparotomy patients should return to the ward with rectus sheath catheters or an epidural.
- If the patient has not had an epidural, they should have a morphine/ fentanyl PCA.
- All patients should receive regular paracetamol.

Our analgesia guidelines aim to limit the use of opiates /tramadol in our older emergency laparotomy group, as they are associated with delirium in this group of patients.

## 1. Managing moderate/severe pain shortly after surgery



## 2. When the patient no longer needs IV morphine/fentanyl



LIMIT EXPOSURE TO OPIATES AND TRAMADOL, AS PAIN IMPROVES CONSIDER DEPRESCRIBING DAILY. AIM TO DISCHARGE ALL PATIENTS OFF TRAMADOL AND ON MINIMAL OPIATES (CODEINE/ ORAMORPH) FOR A LIMITED TIME ONLY.

Contact details: 8am- 8pm Acute Pain team Bleep 5414. Out of hours on call anaesthetist Bleep 5101