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# WOUND CARE, WOUND NURSING TISSUE REPAIR & REGENERATIVE MEDICINE

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## Opioid-free analgesia: Collaborate for success

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**Statement of the Problem:** The opioid crisis continues to take numerous lives each year. While pharmaceutical companies are blamed for its creation, physicians, fueled by greed, misinformation, and lack of communication have contributed significantly. Surgical prescribing practices are receiving pointed criticism, but anesthesiologists often set up their surgical colleagues up for failure by administering large doses of opioids during anesthesia when alternatives are readily available.

**Strategies for a Solution:** Being at the headwaters of a river of opioids, anesthesiologists are well-positioned to stop the flow by providing opioid-free anesthesia and leading the way toward adherence to the principles of multimodal analgesia. The challenge is to begin an opioid-free strategy from the time the patient enters the hospital. To begin, set patient expectations for the postsurgical pain to be tolerable, but not non-existent, as a reasonable, acceptable, and achievable goal. A brief but pointed discussion of analgesic methods and medications by the anesthesia and surgical teams is done during the pre-incision Time Out (Surgical Safety Checklist), then finalized and initiated just before wound closure. With the anesthesiologist adhering to a pre-emergence analgesic checklist (the ComfortSafe Pyramid), the patient can awaken from anesthesia comfortably. Support from PACU nurses who no longer treat a Fifth Vital Sign, but instead, recognize the value of a multimodal pain plan initiated before the patient arrives in the recovery room is critical. With the mu-receptors reserved for postoperative pain control, their analgesic effects are profound. Leaving the PACU, the pain strategy includes around-the-clock non-opioid pain medications and opioids only for breakthrough pain. Initiating a plan at the time of admission, communicating this plan from one phase to the next, and by using the Time Out (Surgical Safety Checklist) as a means of collaborating on the postoperative plan for pain control, major surgical procedures can be done opioid-free.

## Biography

Joseph Myers, MD, is a Board Certified Anesthesiologist who has been practicing at MedStar Georgetown University Hospital in Washington, DC for over thirty years. He is active in the study of non-opioid analgesics and developed the ComfortSafe Pyramid, a non-opioid technique which emphasizes comfort, safety, rapid awakening and avoidance of side effects. It was developed a decade ago while providing anesthesia for wound-care patients.

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