

P.A.I.N. Study: Postoperative Pain Assessment in Infertility Patients: Reducing Narcotic Use

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Background/Synopsis

Prescription opioid use is an epidemic in the United States women. Limited data exist on prescribed pain medication utilization to establish evidence-based protocols that can decrease narcotic utilization, while managing postoperative pain.

Objective/Purpose

To assess the current utilization and effectiveness of prescribed pain medication in the postoperative period of patients treated at an academic infertility clinic undergoing: [1] hysteroscopy with polypectomy (HSY), or [2] oocyte retrievals (OR). Per clinic protocol, patients undergoing HSY are given Ibuprofen and for OR they are given 10 tablets of Acetaminophen with Codeine.

Methods

An anonymous, ten-question postoperative survey was electronically sent to patients after IRB approval. Statistical analysis using descriptive data was performed.

Results

Eighty postoperative patients were sent surveys with 29 responses (response rate 36%). Twelve OR and 17 HSY surgeries revealed that the average pain score 24 hours postoperatively was 4.83 out of 10 (range=1-8) versus 2.94 out of 10 (range=1-8), respectively, with 10 being severe pain. The average number of days that patients required pain medications for OR and HSY was 2.08 days (range = 1-4 days) and 1.76 days (range 1-3 days) respectively. After OR, 92% of patients reported only needing 1-5 Acetaminophen with Codeine tablets versus 8% needed 5-10 tablets. For HSY, 82% of patients reported using 1-5 Ibuprofen tablets; the rest required 6-10 tablets. In the respondents, 25% of OR stated that their pain was not effectively managed by the prescribed pain medication, versus only 6% in HSY patients. Common trends in these cases were average pain scores in the first 24 hours that were above average in 75% of cases, yet they all reported using only 1-5 tablets of pain medications. While a history of prior pelvic pain was reported in 12% of HSY patients and in none of the OR patients, none of these patients reported issues with effective pain management. No patients needed refills for narcotics.

Conclusion

Preliminary data of this ongoing observational clinical study demonstrates utility of establishing postoperative pain norms for two commonly performed procedures and supports the utilization of non-narcotic versus minimal narcotic usage.