

Royal Hospital for Women (RHW) GUIDELINE



Health
South Eastern Sydney
Local Health District

Our Ref: T23/86557

NAME OF DOCUMENT	Post-operative Pain Management Guidelines- Brachytherapy (2023)
TYPE OF DOCUMENT	Clinical Guideline
DOCUMENT NUMBER	RHW GUID002
DATE OF PUBLICATION	21/12/2023
NATIONAL STANDARDS	Standard 4 Medication Safety
RISK RATING	High
REVIEW DATE	December 2025
FORMER REFERENCE(S)	Post-operative Pain Management Guidelines Brachytherapy (2021)
EXECUTIVE SPONSOR	Leonie Watterson, Co-Director Anaesthesia, RHW Craig Hargreaves, Co-Director Anaesthesia, RHW
AUTHOR	Preetha Pradeep, CNC, Acute Pain Service, RHW Preetha.Pradeep@health.nsw.gov.au Louise McDonald, CNC, Acute Pain Service, RHW Louise.mcdonald@health.nsw.gov.au
SUMMARY	These guidelines are for post-operative pain management of patients undergoing brachytherapy

**Post-operative Pain Management Guidelines-
Brachytherapy (2023)**

EPIDURAL	PATIENTS WHO ARE <u>UNSUITABLE</u> FOR OR WHO <u>DECLINE</u> AN EPIDURAL
RHW INTRA OPERATIVE	
<p>Operative procedure:</p> <ul style="list-style-type: none"> ✓ Combined Spinal Epidural (Preferably No GA) (Spinal) 2.5mL - 2.8 mL Hyperbaric Bupivacaine + 20 mcg Fentanyl ✓ +/- Sedation during the procedure <p>Post operative analgesia (Until applicators removed):</p> <ul style="list-style-type: none"> ✓ PIEB- PCEA (0.2% Ropivacaine + 220mcg fentanyl in 110mL N/Saline). Dose: PIEB 5-12 ml /60 min, PCEA 5 mL, 15 min lockout, Max Dose 28mL/hour <p>Post treatment analgesia:</p> <ul style="list-style-type: none"> ✓ Multimodal PRN oral analgesia * ✓ Paracetamol at 1400 hours ✓ Include PRN opioid <p>*Patients assessed as having high risk for pain should have individualised regimen which may include parenteral or neuraxial analgesia</p>	<p>Operative procedure:</p> <ul style="list-style-type: none"> ✓ General Anaesthetic (GA) <p>Post operative analgesia (Until applicators removed):</p> <ul style="list-style-type: none"> ✓ PCA (Morphine, Fentanyl, Hydro-morphone) ✓ +/- Ketamine infusion as per protocol <p>Post treatment analgesia:</p> <ul style="list-style-type: none"> ✓ Multimodal PRN oral analgesia* ✓ Paracetamol at 1400 ✓ Include PRN opioid <p>*Patients assessed as having high risk for pain should have individualised regimen which may include parenteral analgesia</p>
RHW Post Anaesthesia Care Unit/Recovery (PACU)	
PATIENT TO REMAIN LYING FLAT AND STILL AFTER APPLICATORS INSERTED	
SESLHDPR/501- PACU Pain Protocol (2023)	
Program and connect epidural pain management pump with 6 meter extension tubing	Program and connect PCA +/- Ketamine pain management pumps with 6 meter extension tubing
Give Buscopan 20mg IMI (1mL ampoule) for patients booked for MRI scan	
POWH XRAY DEPARTMENT - MRI	
Patient will continue to receive PIEB doses whilst in MRI. Patient WILL NOT be able to access PCEA whilst in MRI.	Patient will continue to receive a background opioid and ketamine infusions whilst in MRI. Patient WILL NOT be able to access PCA whilst in MRI.
<i>Please ensure patient is comfortable (pain score <4) before patient enters MRI.</i>	
<p>Pain Escalation Procedure:</p> <p>If patient summons for assistance. Stop the scan, review level of pain and time remaining on scan. Do the following:</p> <ol style="list-style-type: none"> 1. Doctor or Nurse to deliver a rescue (clinician) bolus. 2. Once patient is comfortable recommence MRI scan. 3. Contact RHW APS if unsure. 	<p>Pain Escalation Procedure:</p> <p>If patient summons for assistance. Stop the scan, review level of pain and time remaining on scan. Do the following:</p> <ol style="list-style-type: none"> 1. Doctor or Nurse to deliver a rescue (clinician) bolus. 2. Once patient is comfortable recommence MRI scan 3. Contact RHW APS if unsure.
POWH RADIATION ONCOLOGY DEPARTMENT	
<ul style="list-style-type: none"> • Patient will continue to receive PIEB doses and WILL be able to access PCEA whilst having CT, planning, treatment and removal of applicators/needles. • PIEB/PCEA program may be ceased once applicators removed. • Please order discharge script for pain relief (outside script) 	<ul style="list-style-type: none"> • Patient will continue to receive opioid and ketamine infusions and WILL be able to access PCA whilst having CT, planning, treatment and removal of applicators/needles. • Please order discharge script for pain relief (outside script)
RHW DAY SURGERY UNIT OR MACQUARIE WARD	
<ul style="list-style-type: none"> ✓ Remove epidural catheter, recovery and discharge. <p>Patient should remain in hospital:</p> <ul style="list-style-type: none"> ✓ For 4 hours after the epidural PIEB/PCEA has ceased ✓ Until full feeling/movement of legs ✓ Until has passed trial of void ✓ Supply general & epidural discharge advice leaflet 	<ul style="list-style-type: none"> ✓ Cease PCA and Ketamine, recovery and discharge. <p>Patient should remain in hospital:</p> <ul style="list-style-type: none"> ✓ For 1 hour after the PCA and Ketamine has ceased ✓ Until has voided ✓ Supply general post op discharge advice leaflet
<p>If analgesia is inadequate (pain score >3) please contact RHW Anaesthetic Fellow on P: 45253/4 or RHW APS CNC on P: 44937</p>	

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While consistency in prescribing minimises medication risks, the Anaesthetist should use their own discretion when managing the patient's individual needs.

Revision	Approval History
1	<i>Endorsed by RHW Safety and Quality Committee 21/12/23 Approved by District DTC on 02/11/23 Last reviewed 18/10/2023 by Acute Pain Services</i>