

# Royal Hospital for Women (RHW) GUIDELINE



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| <b>EXECUTIVE SPONSOR</b>   | Leonie Watterson, Co-Director Anaesthesia, RHW Craig Hargreaves, Co-Director Anaesthesia, RHW  |
| <b>AUTHOR</b>              | Preetha Pradeep, CNC, Acute Pain Service, RHW<br><a href="mailto:Preetha.Pradeep@health.nsw.gov.au">Preetha.Pradeep@health.nsw.gov.au</a><br>Rhiannon Moody, CNC, Acute Pain Service, RHW<br><a href="mailto:Rhiannon.Taylor@health.nsw.gov.au">Rhiannon.Taylor@health.nsw.gov.au</a><br>Louise McDonald, CNC, Acute Pain Service, RHW<br><a href="mailto:Louise.mcdonald@health.nsw.gov.au">Louise.mcdonald@health.nsw.gov.au</a> |
| <b>SUMMARY</b>             | These guidelines are for post-operative pain management of patients undergoing brachytherapy.  |
| <b>Key Words</b>           | Pain management, Guideline, Brachytherapy, Post-operative.   |

## BRACHYTHERAPY POST OPERATIVE PAIN MANAGEMENT GUIDELINES (2025) - DAY STAY

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

| EPIDURAL   | PATIENTS UNSUITABLE FOR OR DECLINE AN EPIDURAL   |
|--|--|
| RHW INTRA OPERATIVE  |  |
| <b>Operative analgesia:</b> <ul style="list-style-type: none"> <li>✓ <b>Combined Spinal Epidural (Preferably No GA)</b><br/>(Spinal) 2.5mL - 2.8 mL Hyperbaric Bupivacaine + 20 mcg Fentanyl</li> <li>✓ +/- Sedation during the procedure</li> </ul> <b>Post operative analgesia (Until applicators removed):</b> <ul style="list-style-type: none"> <li>✓ PIEB PCEA (0.2% Ropivacaine + 220mcg fentanyl in 110mL N/Saline). Dose: PIEB 5-10ml /60 min, PCEA 4 mL, 30 min lockout, Max Dose 18mL/hour <b>OR</b></li> <li>✓ PIEB PCEA (0.1% Ropivacaine + 500mcg fentanyl in 250mL N/Saline). Dose: PIEB 10ml /60 min, PCEA 5 mL, 15 min lockout, Max Dose 25mL/hour</li> </ul> <b>Post treatment analgesia:</b> <ul style="list-style-type: none"> <li>✓ Multimodal PRN oral analgesia *</li> <li>✓ Paracetamol at 1400 hours</li> <li>✓ Include PRN opioid</li> </ul> <p>*Patients assessed as having high risk for pain should have individualised regimen which may include parenteral or neuraxial analgesia</p> | <b>Operative analgesia:</b> <ul style="list-style-type: none"> <li>✓ <b>General Anaesthetic (GA)</b></li> </ul> <b>Post operative analgesia (Until applicators removed):</b> <ul style="list-style-type: none"> <li>✓ PCA (Morphine, Fentanyl, Hydro-morphone)</li> <li>✓ +/- Ketamine infusion as per protocol</li> </ul> <b>Post treatment analgesia:</b> <ul style="list-style-type: none"> <li>✓ Multimodal PRN oral analgesia*</li> <li>✓ Paracetamol at 1400</li> <li>✓ Include PRN opioid</li> </ul> <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 metre extension tubing  | Program and connect PCA +/- Ketamine pain management pumps with 6 metre extension tubing on both fluids and PCA with at IVC 2 lumen extension set (TUTA ICU medical).  |
| 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.<br>Patient <b>WILL NOT</b> be able to access PCEA whilst in MRI.  | Patient will continue to receive a background opioid and ketamine infusions whilst in MRI.<br>Patient <b>WILL NOT</b> be able to access PCA whilst in MRI.   |
| <i>Please ensure patient is comfortable (pain score &lt;4) before patient enters MRI.</i>  |  |
| <b>Pain Escalation Procedure:</b><br>If patient summons for assistance. Stop the scan, review level of pain and time remaining on scan. Do the following: <ol style="list-style-type: none"> <li>1. Doctor or Nurse to deliver a rescue (clinician) bolus.</li> <li>2. Once patient is comfortable recommence MRI scan.</li> <li>3. Contact RHW APRS if unsure.</li> </ol>   | <b>Pain Escalation Procedure:</b><br>If patient summons for assistance. Stop the scan, review level of pain and time remaining on scan. Do the following: <ol style="list-style-type: none"> <li>1. Doctor or Nurse to deliver a rescue (clinician) bolus.</li> <li>2. Once patient is comfortable recommence MRI scan</li> <li>3. Contact RHW APRS if unsure.</li> </ol>  |
| POWH RADIATION ONCOLOGY DEPARTMENT   |  |
| <ul style="list-style-type: none"> <li>• Patient will continue to receive PIEB doses and <b>WILL</b> be able to access PCEA whilst having CT, planning, treatment, and removal of applicators/needles.</li> <li>• PIEB/PCEA program may be ceased once applicators removed.</li> <li>• Please order discharge script for pain relief (outside script)</li> </ul>   | <ul style="list-style-type: none"> <li>• Patient will continue to receive opioid and ketamine infusions and <b>WILL</b> be able to access PCA whilst having CT, planning, treatment, and removal of applicators/needles.</li> <li>• Please order discharge script for pain relief (outside script)</li> </ul>  |
| RHW DAY SURGERY UNIT OR MACQUARIE WARD   |  |
| <ul style="list-style-type: none"> <li>✓ Remove epidural catheter, recovery, and discharge.</li> </ul> <b>Patient should remain in hospital:</b> <ul style="list-style-type: none"> <li>✓ For 4 hours after the epidural PIEB/PCEA has ceased</li> <li>✓ Until full feeling/movement of legs</li> <li>✓ Until has passed trial of voided</li> <li>✓ Supply general &amp; epidural discharge advice leaflet</li> </ul>  | <ul style="list-style-type: none"> <li>✓ Cease PCA and Ketamine, recovery and discharge.</li> </ul> <b>Patient should remain in hospital:</b> <ul style="list-style-type: none"> <li>✓ For 1 hour after the PCA and Ketamine has ceased</li> <li>✓ Until has voided</li> <li>✓ Supply general post op discharge advice leaflet</li> </ul>  |
| <b>If analgesia is inadequate (pain score &gt;3) please contact RHW Anaesthetic Fellow on P: 45253/4 or RHW APS CNC on P: 44937</b>  |  |

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| Revision | Approval History  |
|----------|---|
| 1        | <i>Endorsed by RHW Safety and Quality Committee 21/12/23<br/>Approved by District DTC on 02/11/23<br/>Last reviewed 18/10/2023 by Acute Pain Services</i> |
| 2        | <i>Date:16.12.24 CNC, Acute Pain Services – Rhiannon Taylor</i>   |