What is SolvingPain & the Perioperative Pain Management Pathway?



SolvingPain is an online initiative that aims to:

- Improve patient outcomes and experiences with pain
- Decrease the # of excessive & unnecessary opioid pills

SolvingPain's first tool:

The Perioperative Pain **Management Pathway**

Find it at

SolvingPain.ca

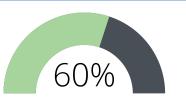
The Pathway features evidence-based best practices for over 50 surgeries including surgery-specific:

- Discharge opioid quantities
- **Co-analgesics options**
- Non-pharmacological therapies

Use SolvingPain.ca and the Pathway and:

- Optimize your patients' perioperative pain management
- Decrease opioid pill misuse and diversion in your community

Increase in opioid-related deaths in Ontario from 2019 to 2020





SolvingPain.ca is mobile-friendly & designed for busy healthcare professionals like you!

Intraoperative

Brought to you by **Ontario's Anesthesiologists** the experts in pain management

Praise for SolvingPain.ca

"Hats off to the OMA Anesthesiology Section for recognizing how important it is that as healthcare professionals, we have easy access to up-to-date evidence guided recommendations when treating acute pain. The tool they have developed not only provides the latest information on opioid prescribing, it also offers valuable co-analgesic and nonpharmacologic options. I would recommend its use to my surgical colleagues, as well as other healthcare professionals seeking evidence-based treatment options for pain management."

- Hance Clarke, MD PhD FRCPC

Staff Anesthesiologist | Medical Director, The Pain Research Unit, Dept. of Anesthesia & Pain Management, Toronto General Hospital | Director, Good Hope Ehlers Danlos Clinic | Co-Lead, Centre for Cannabinoid Therapeutics, University Health Network | Co-Chair Knowledge Translation, University of Toronto Centre for the Study of Pain | Associate Professor, Dept. of Anesthesia, University of Toronto

As many as

83% of prescribed opioid pills

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are not used following elective adult surgeries

Questions? Comments? Reach out to us at info@ontariosanesthesiologists.ca

Discharge Strategies



Total Hip Arthroplasty

All best practices are subject to change and may require modifications depending on a patient's history and status. Healthcare practitioners should always defer to their clinical judgement and, whenever appropriate, consult with additional resources for further guidance.

Postoperative (Inpatient)

•Acetaminophen 1g	•Spinal anesthesia	•Hydromorphone 0.2mg IV q5-10min	MANAGEMENT OF PAIN W/O MEDICATION:
•NSAIDs (consider selective COX-2	•May consider intrathecal morphine in	then as needed	•Automated cooling system (e.g. Game Ready)
inhibitors for fewer side effects)	select patients, often not required	•Hydromorphone 2-4mg PO q3h then as	•Early physiotherapy
·Low-dose gabapentinoids (controversial)		needed	•Relaxation techniques (breathing, meditation,
•Regional anesthesia		Celecoxib 100mg PO BID	mindfulness, etc.)
oConsider lateral femoral cutaneous		•Acetaminophen 650mg-1g q6h regularly	
nerve block		scheduled	CO-ANALGESICS:
		•Ondansetron 4mg q8h PO then as	•Acetaminophen (maximum 4g/day)
		needed	•NSAIDs (consider selective COX-2 inhibitors for fewer
		Consider continuing regional catheter	side effects and a prescription for increased
			compliance)
			OPIOID PRESCRIPTION*:
			Recommend: 25 tabs
			Range: 20-30 tabs
			For higher numbers, consider a part-fill prescription

See our sources at SolvingPain.ca/infographicsources