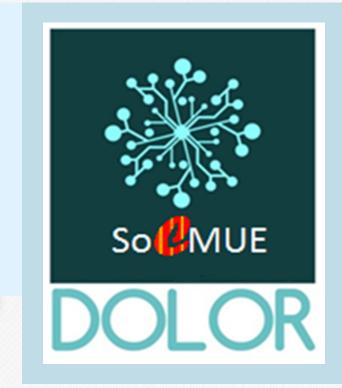
FAKE NEWS: NO DONAR ANALGÈSIA ALS DOLORS ABDOMINALS PER NO DIFICULTAR EL DIAGNÒSTIC

Dra. Sílvia Mínguez Masó Servei Urgències Hospital del Mar. Barcelona





El repte és l'excel·lència



DIMENSIÓ DEL PROBLEMA

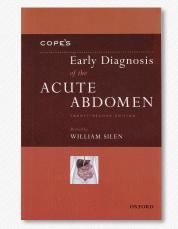


- Dolor abdominal és la causa més frequent de tractament de dolor agut a urgències
- Representa entre el 5-10% de les consultes
- Entre 15-30% requeriran tractament quirúrgic
- Durant dècades es va considerar que la indicació de l'analgèsia s'havia de diferir fins establir un diagnòstic per tal de no emmascarar els símptomes i dificultar el procés diagnòstic

DIMENSIÓ DEL PROBLEMA

- El dogma va ser popularitzat per Cope en el seu llibre "Early Diagnosis of the Acute Abdomen" publicat a 1926
- A 1999 un 67% dels cirurgians preferien que no s'administrés analgèsia abans de la seva exploració
- Des de l'any 2000 tots els tractats condemnen aquesta pràctica
- En publicacions del 2019 indiquen que encara hi ha alguns metges
 - reticents a administració d'analgèsia abans del diagnòstic

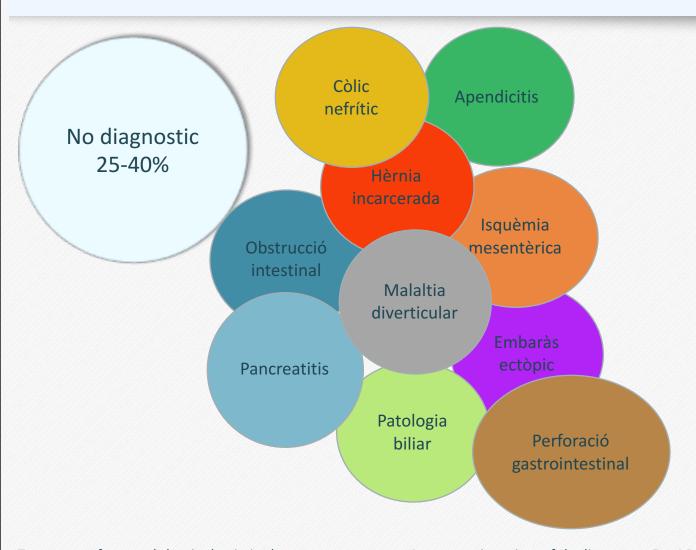




Treatment of acute abdominal pain in the emergency room: A systematic review of the literature. Eur J Pain. 2014 Aug;18(7):902-13 Administration of analgesics in patients with acute abdominal pain. Int J Emerg Med. 2009.2:211-215 Do opiates affect the clinical evaluation of patients with acute abdominal pain? JAMA. Oct 11, 2006. 296,14. Do patients with acute abdominal pain wait unduly long for analgesia? Tait IS, Ionescu MV, Cuschieri A. J Rcoll Surg Edinb 1999;44:181-4.

ETIOLOGIES





- Repte més important en població:
 - Anciana
 - Immunocompromesos
 - Dones en edat fèrtil

Treatment of acute abdominal pain in the emergency room: A systematic review of the literature. Eur J Pain. 2014 Aug;18(7):902-13 Do opiates affect the clinical evaluation of patients with acute abdominal pain? JAMA. Oct 11, 2006. 296,14.

EINES DIAGNÒSTIQUES



Les eines diagnòstiques a 1926 eren limitades





- Actualment disposem a més d'eines com:
 - Analítiques
 - Proves d'imatge









Treatment of acute abdominal pain in the emergency room: A systematic review of the literature. Eur J Pain. 2014 Aug;18(7):902-13

To Use or Not to Use Opioid Analgesia for Acute Abdominal Pain Before Definitive Surgical Diagnosis? A Systematic Review and Network Meta-Analysis. J Clin Med Res. 2019;11(2):121-126

Do opiates affect the clinical evaluation of patients with acute abdominal pain? JAMA. Oct 11, 2006. 296,14.

DIMENSIÓ DEL PROBLEMA

- Generalment l'exploració inicial no la realitza el cirurgià responsable de la decisió de intervenció
- Encara ara alguns cirurgians no volen analgèsia abans de la seva exploració



Treatment of acute abdominal pain in the emergency room: A systematic review of the literature

C. Falch1*, D. Vicente2*, H. Häberle1, A. Kirschniak1, S. Müller1, A. Nissan45,6, B.L.D.M. Brücher45

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 Department of Anesthesiology, University of Tübingen, Germany
- 4 INCORS, International Consortium of Research Excellence of the Theodor-Billroth-Academy*, Germany Israel Serbia USA 5 Theodor-Billroth-Academy*, Germany Israel USA
- 6 Department of Surgery, Hadassah-Hebrew University Medical Center, Jerusalem, Israel 7 Bon Secours Cancer Institute, Richmond, USA

Appropriate pain therapy prior to diagnosis in patients with acute abdomi that pain therapy does not negatively influence either the diagnosis or subsequent treatment of these patients; however, current practice patterns continue to favour withholding pain medication prior to diagnosis and surgical treatment decision. A systematic review of PubMed. Web-of using the key words of 'acute', 'abdomen', 'pain', 'emergency' as well as different pain drugs in use, revealed 84 papers. The results of the literature review were incorporated into six sections to describe management of acute abdominal pain: (1) Physiology of Pain; (2) Common Aetiologies of Abdominal Pain: (3) Pre-diagnostic Analgesia: (4) Pain Therapy for Acute Abdominal Pain; (5) Analgesia for Acute Abdominal Pain in Special Patient Populations: and (6) Ethical and Medico-leval Considerations in Current abdominal pain in the general adult population was developed. A review of the literature of common aetiologies and management of acute abdomi nal pain in the general adult population and special patient population: seen in the emergency room revealed that intravenous administration of paracetamol, dipyrone or piritramide are currently the analysics of choice in this clinical setting. Combinations of non-opioids and opioids should be administered in patients with moderate, severe or extreme pain, adjusting the treatment on the basis of repeated pain assessment, which improve

1 Introduction

Treating acute abdominal pain in the emergency room (ER) is one of the most frequent tasks faced by surgeons. Appropriate analgesia requires evaluation of the individual nationt's pain, as well as a broad base of of abdominal pain and the pharmacology of appropriate analgesic agents. Currently, there is no clear modern management of acute abdominal pain in adult

consensus regarding the timing of neither analysis nor the type of analgesic medications that should be used to effectively manage acute abdominal pain. diagnostic analgesia may confound patient evaluation particularly the abdominal examination. This paper is intended to provide physicians-in-training and expe rienced surgical specialists with an overview

inical Evaluation bdominal Pain?

aditionally withheld opiate analgesia from patients with after evaluation by a surgeon, out of concern that anal-findings and interfere with diagnosis.

impact of opiate analgesics on the rational clinical ex on for patients with acute abdominal pain. Selection MEDLINE (through May 2006), EMBASE

rting changes in the history, physical examination find-e resulting in "management errors," defined as the per-

th in adults (9 trials) and in children (3 trials) showed th risk ratios for changes in the examination of 1.51 CI], 0.85 to 2.69) and 2.11 (95% CI, 0.60 to 7.35), was restricted to the 8 adult and pediatric trials that who, the risk of physical examination changes became 5% CI, 1.14 to 3.98). These trials exhibited significant 5% C.J. 1.4 to 3.98). These thale exhibited significant is 0.002, and only 2 this deltinguished clinically significant is 0.002, and only 2 this deltinguished clinically significant extended signs from all other changes; consequently, ement errors as a marker for important changes in the tat administration had no significant association with it absolute increase 95% C.J.—47% to 4.47%. The 3 resignificant absolute decrease in management errors to 4.5% of the 3.6% Across adult and pediatric trials with administration was associated with a nonsignificant of or management errors (-0.2%, 95% C.J.—4.0% is of management errors (-0.2%, 95% C.J.—4.0% is

with acute abdominal pain (Review)

a C, Vial M, Moraga J, Astudillo P



intained by The Cochrane Collaboration and published in The Cochrane Library

ominal pain ie way we assess a decade

n, Peter Larsen, Elizabeth Dennett

BSTRACT

6 of all emergency department visits. Rapid and accurat ged the way this group of patients is managed. The aim o

dertaken including all patients admitted with abdomina

s were admitted under general surgery, from 1,462 in 200 e in the proportion of patients admitted with non-surgical P=0.035). More computed tomography (CT) scans we

der general surgery with abdominal pain and a greate surgical problems. Use of CT scans increased duri

for ED worldwide and the implementatio of acute surgical units (ASU).5-7 The latter are often consultant lead with dedicated emergency theatre time and a thorough

Although the above mentioned imple mentations have the aim to improve the diagnostic process for patients presenting with acute abdominal pain and to reduc the number of complications and length of stay, there seems to be ongoing ineffiaim of this study was to review the diag nostic process and the use of additional imaging for patients presenting with acute abdominal pain over the last decade.

Methods

Wellington Regional Hospital serves a the study period, with tertiary services being provided to a population of approximately 500,000.11 We retrospectively reviewed the

endicitis: Influence in Relief on the of Clinical and US n the Decision to Randomized Trial¹

the influence of early pain relief on the diagnostic raphy (US) and on the appropriateness of the surgical

DDS: A prospective randomized, double-blind placebo ne was conducted. A visual analog scale was used to nts aged 16 years or older US was performed with a osis was confirmed at histologic analysis or, in the nery at follow-up

ty-five patients were injected with morphine, and 168 bo. Pain relief was stronger in the morphine group. In lower (71.1%) sensitivity (difference, -9.5%; 95% Cl, (65.2%) specificity (difference, 11.4%; 95% CI, 1.0%, a higher positive predictive value (64.6%) and a lower .4%), but the differences between this group and the tically significant. Among female patients, the decision more often in the morphine group (75.8%), but the p and the placebo group was not statistically significant 6%). In male patients and overall, opiate analgesia did 100% in all groups.

es not improve US-based diagnosis of appendicitis.

piate analgesia while investigating pain in the right lower suspect is due to appendicitis. They fear that the analgesia y and delay the diagnosis. However, in 1979, an editorial in sested the use of opiate analgesia for abdominal pain ved that the use of opiate analgesia for acute abdominal

in diagnosis or drug-related adverse effects. I aspects in the diagnosis of appendicitis. Ultrasonography estigating and diagnosing many abdominal pathologic of US in diagnosing appendicitis varies between 75% and en 95% and 100% in specificity (5-8). Technically, the res a graded compression of the right lower region of the t (9) or others (10,11). It is reasonable to expect that per the compression and therefore lower the quality and the other hand, it can also be argued that the presence of diagnosis of acute appendicitis and that morphine could sensitivity of this technique. The problem is that, to our

TH ACUTE ABDOMINAL PAIN

MD. FACEP & Lewis S. Nelson, MD.¶ Finger, Mott

Phoenix, Arizona; †Mount Sinai School of Medicine York, New York; #Elmhurst Hospital, Elmhurst. ei Medical Center, New York, New York; and Center, Department of Medical Toxicology

ents. In the 1987 edition of Cope's Early of the Acute Abdomen, it is warned it may appear crude, it is really prudent to morphine until a reasonable diagnosis has de and a plan of action formulated" (1). this comment offers no reference, it has a dogma of patient care. Several well-reargical and emergency medicine textbooks discuss the use of pain relief in the acute (2,3), whereas others condemn it, again ecific references (4). One emergency medsuggests a role for the administration of o patients with an acute abdomen (5). Even cent edition (1996) of Cope's Early Diagthe Acute Abdomen begins to question the withholding analgesics in a patient with an nen. The suggestion is that only surgeons rovide analgesics and that other specialists discouraged from providing pain relief in (6). Unfortunately for patients with acute thholding analgesics is widespread practice evidence based. This practice continues ts of analgesia on the disposition and outcome s with acute abdominal pain.

ing attitudes have resulted in a more liberal the use of analgesia in patients with

minal pain

with acute abdominal pain. No clear concan be drawn from this study. urpose of our study was both to assess the f papaveretum given early to patients with dominal pain and to look at its effect on

admitted as emergency cases with acute rs' duration) abdominal pain sufficiently

warrant opiate analgesia were approached into the study. Those under 16 years old

id consent.

Its were first seen by the admitting house
who assessed their abdominal pain and tendersking them to complete a linear analogue scale.

The scale ranged from 0 for no pain to 10 cm
worst pain imaginable. The house officer also
the areas of tenderness and his or her diag-

the areas of tenderness and his or her diag-analgenia was deemed appropriate patients ed to participate in the study. The nature and so fit he study were explained by the house and were backed up by a study information his was retained by each patient. If consent sich was retained by each patient. If consent sich was retained, the house officer randomly consenting patients to receive a bindier of the consenting patients to receive a bindier of the consenting patients of the patients of the patients of the consenting patients of the patients of the

liquid injected was based on the hou

e for each individual patient. Patients wer bout one hour later by a surgical registra

red and ten patients were invited to take

hundred and ten patients were invited to take he study. Ten declined: six were worried that if ain was relieved their symptoms would be ed and four had been informed by their general oners that their pain should not be treated transfer to hospital because it could hamper is and upset the admitting surgeons. Itied analysis was performed by using the Fining-U test or two tailed Fisher's exact test, sted.

ent of what dose of papay

sting evidence that suggests its safety in patien e abdominal pain without the risk of obscuring the [1], many physicians are still reluctant to use opioid in this situation [2].

sia for Acute Abdominal

anosis? A Systematic

ta-Analysis

Aurelio Tobias

med to update existing evidence on the use of any sioid analgesia for acute abdominal pain using both nal and network meta-analyses. Furthermore, for the to our knowledge, we evaluate direct and indirect with different types of opioid analgesics and compare g network meta-analysis. The primary outcome was

atic review and network meta-analysis were car n accordance with the guidelines set out in the Pre-porting Items for Systematic Reviews & Meta-Anal-SMA) checklist [3].

ic literature search of articles published in the last as performed using the EMBASE, MEDLINE (Pubchrane Library, and Google Scholar databases using and Medical Subject Headings (MeSH) search terms ald seatch a subject reasungs (subset) seatch terms algesta or analgestors; acute abdominal pain or surgi-cute appendicins; surgical diagnosis or definite diag-phine; randomized controlled trial). A grey literature ne website clinicalTrials.gov was also performed s of retrieved articles were checked manually for

andomized controlled trials (RCTs) that con id analgesia of any type vs. placebo for acute surgi efore definitive surgical diagnosis in patients older ears, and if the mean age of subjects in the study

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Fur J Pain ** (2014) **. ** 1





QÜESTIONS A RESPONDRE



- Canvis a l'exploració física?
- Canvis en la interpretació de les exploracions?
- Més errors diagnòstics i en les decisions terapèutiques?
- Es tradueix en una millora del confort del pacient?

QUESTIONS A RESPONDRE



THE RATIONAL CLINICAL EXAMINATION

Do Opiates Affect the Clinical Evaluation of Patients With Acute Abdominal Pain?

Sumant R. Ranji, MD

L. Elizabeth Coldman, MD David L. Simel, MD, MHS

Kaveh C. Shojania, MD

sided abdominal pain, progressive fashion). fluid within the last 24 hours but had

Context Clinicians have traditionally withheld opiate analgesia from patients with acute abdominal pain until after evaluation by a surgeon, out of concern that analgesia may alter the physical findings and interfere with diagnosis.

Objective To determine the impact of opiate analgesics on the rational clinical examination and operative decision for patients with acute abdominal pain.

Data Sources and Study Selection MEDLINE (through May 2006), EMBASE and hand searches of article bibliographies to identify placebo-controlled randomized trials of opiate analgesia reporting changes in the history, physical examination findcant past medical history presents to ings, or diagnostic errors (those resulting in "management errors," defined as the perthe emergency department with right- formance of unnecessary surgery or failure to perform necessary surgery in a timely

over the past 3 days. She reports sev- Data Extraction Two authors independently reviewed each study, abstracted data, eral episodes of vomiting greenish and classified study quality. A third reviewer independently resolved discrepancies.

Data Synthesis Studies both in adults (9 trials) and in children (3 trials) showed no vomiting preceding the pain. She trends toward increased risks of altered findings on the abdominal examination due denies hematemesis, chills, dysuria, to opiate administration, with risk ratios for changes in the examination of 1.51 Metaanàlisi JAMA que inclou 9 estudis randomitzats amb 1062 pacients:

Avaluen placebo vs tractament amb opioides

Analgesia in patients with acute abdominal pain (Review)

Manterola C, Vial M, Moraga J, Astudillo P



- Revisió Cochrane inclou 8 estudis randomitzats amb 923 pacients:
 - Avaluen opioides vs no tractament analgèsic

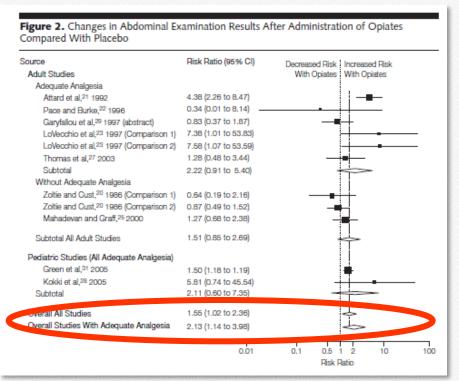
EXPLORACIÓ FÍSICA



Controvèrsia sobre l'administració d'analgèsia i alteració a l'exploració física

JAMA: Diferències en l'exploració van ser significatives:

RR 2.13 (95% CI, 1.14-3.98)



Do opiates affect the clinical evaluation of patients with acute abdominal pain? JAMA. Oct 11, 2006. 296,14

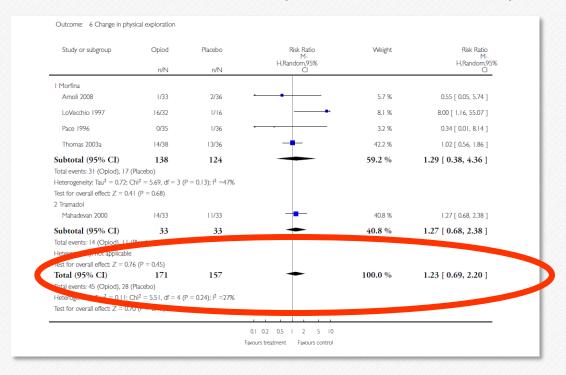
EXPLORACIÓ FÍSICA



Controvèrsia sobre l'administració d'analgèsia i alteració a l'exploració física

Revisió Cochrane: No hi ha diferències significatives:

RR 1.23 (95% CI 0.69-2.20)



Analgesia in patients with acute abdominal pain (Review). The Cochrane Library 2011

EXPLORACIÓ FÍSICA



- La falta d'analgèsia pot ocasionar confusió a l'hora de l'avaluació del pacient
- Analitzades les diferències:
 - Disminució del dolor abdominal
 - No diferències en la presència de signes d'irritació peritoneal
 - No diferències a la localització del dolor

INTERPRETACIÓ PROVES DIAGNÒSTIQUES



Altres estudis:

- ECO abdominal:
 - Augment de l'especificitat del diagnòstic però disminueix sensibilitat
 - Tendència a augment en el Valor Predictiu Positiu
 - No hi ha canvis en l'exactitud del signe de Murphy ecogràfic



TC abdominal:

Augment en el número d'exploracions independentment de l'analgèsia

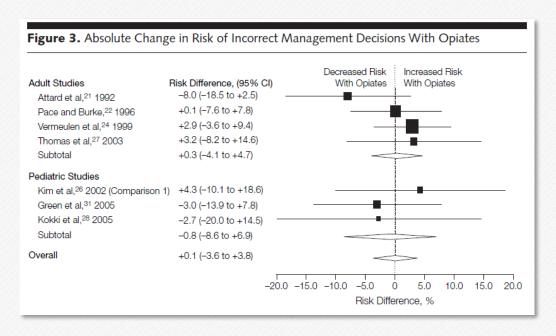


Do opiates affect the clinical evaluation of patients with acute abdominal pain? JAMA. Oct 11, 2006. 296,14 Acute appendicitis: Influence of early Pain Relief on the Accuracy of Clinical and US Findings in the Decision to Operate-A Randomized Trial. Radiology 1999;210:639-643

Acute abdominal pain—changes in the way we assess it over a decade NZMJ 6 October 2017, Vol 130 No 1463

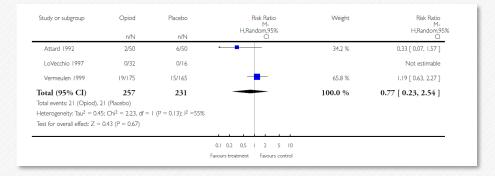


- JAMA: No diferències significatives
 - Maneig incorrecte: RR 0.3 (95% CI, -4.1-+4.7)
 - Cirurgia innecessària: 7.6% en opioides vs 7.9% en placebo

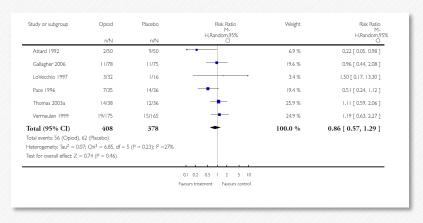




- Cochrane: No diferències significatives:
 - No diferències en la exactitud decisió tractament: 0.77 (0.23-2.54)



No errors diagnòstics: 0.86 (0.57-1.29)

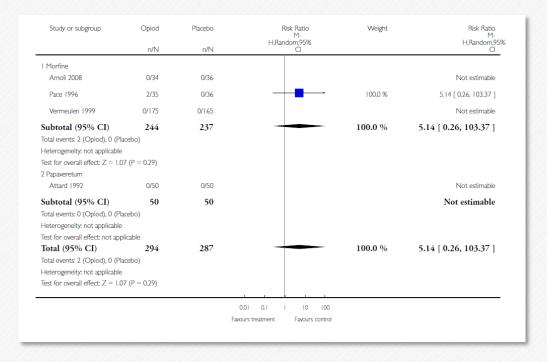




Morbiditat: No diferències significatives

RR 5.14 (95% CI, 0.26-103.37)

• Efectes adversos: nàusees i vòmits





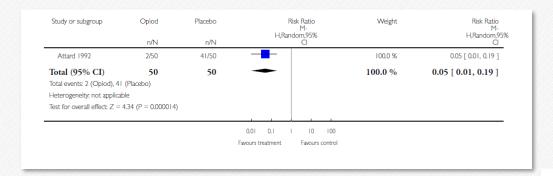
No augment en la mortalitat

Conclusions Opiate administration may alter the physical examination findings, but these changes result in no significant increase in management errors. The existing literature does not rule out a small increase in errors, but this error rate reflects a concervative definition in which currentees labeled as either delayed or uppecessary may have met appropriate standards of care. In published research reports, no patient experienced major morbidity or mortality attributable to opiate administration.

MILLORA EN EL CONFORT

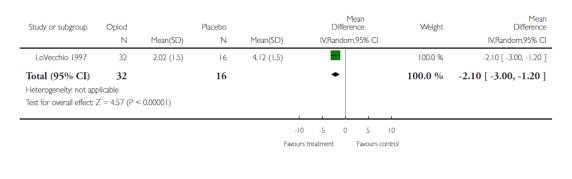


Amb analgèsia adequada millora significativament el confort del pacient









Analgesia in patients with acute abdominal pain (Review). The Cochrane Library 2011 Safety of early pain relief for acute abdominal pain. BMJ 1992;305:554-6 Evaluation of the adult with abdominal pain in the emergency department. UpToDate 2018

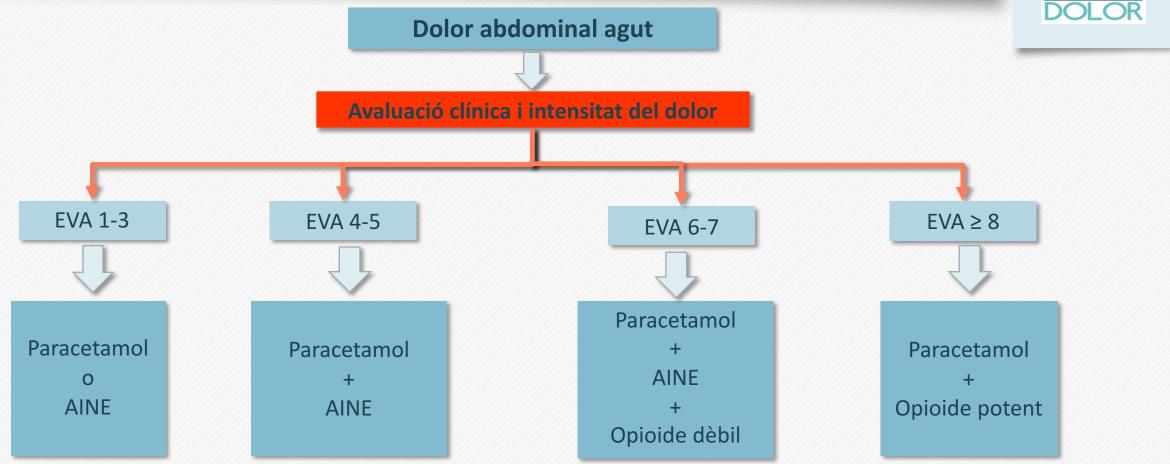
ANALGÈSIA ADEQUADA



- **Espasmolítics** (butilescopolamina) no son analgèsics de primera línia. Útil com **coadjuvant** en còlics biliars però no en nefrítics
- Pot estar alterada l'absorció gastrointestinal s'utilitzarà via parenteral
- Dosis recomanades:
 - Morfina: 0.05-0.1 mg/Kg i.v
 - Fentanil 0.1-0.3 mg/Kg
 - Ketamina dosi no dissociativa 0.3 mg/Kg

ANALGÈSIA ADEQUADA





Treatment of acute abdominal pain in the emergency room: A systematic review of the literature. Eur J Pain. 2014 Aug;18(7):902-13

QÜESTIONS A RESPONDRE



- Canvis a l'exploració física? NO/SI PERÒ
- Més errors diagnòstics i en les decisions terapèutiques? NO
- Canvis en la interpretació de les exploracions? NO
- Es tradueix en una millora del confort del pacient? SI

CONCLUSIONS



- L'ús d'analgèsia millora significativament el confort del pacient
- No incrementa el risc d'errors diagnòstics
- No augmenta el risc d'errors de maneig
- No està justificada la no administració d'analgèsia inicial en pacients amb dolor abdominal agut a urgències

Moltes gràcies



Treatment of acute abdominal pain in the emergency room: A systematic review of the literature. Eur J Pain. 2014 Aug;18(7):902-13

Do opiates affect the clinical evaluation of patients with acute abdominal pain? JAMA. Oct 11, 2006. 296,14

Acute abdominal pain-changes in the way we assess it over a decade. N Z Med J. 2017 Oct 6;130(1463):39-44

Analgesia in patients with acute abdominal pain (Review). The Cochrane Library 2011

Evaluation of the adult with abdominal pain in the emergency department. UpToDate18

Safety of early pain relief for acute abdominal pain. BMJ 1992;305:554-6

Acute appendicitis: Influence of early Pain Relief on the Accuracy of Clinical and US Findings in the Decision to Operate-A Randomized Trial. Radiology 1999;210:639-643 To Use or Not to Use Opioid Analgesia for Acute Abdominal Pain Before Definitive Surgical Diagnosis? A Systematic Review and Network Meta-Analysis. J Clin Med Res. 2019;11(2):121-126

