

COULD I HAVE THE GREEN WHISTLE PLEASE?

BACKGROUND

Post-operative pain management is a challenge in the setting of complicated multi-trauma, particularly in clients with pre-morbid psychiatric histories and recreational drug exposure. We report on the complex challenges of a client with new onset incomplete thoracic paraplegia undergoing numerous surgical procedures during her inpatient rehabilitation stay and showcase her self-reported journey with pain and what helped her cope.

CASE

Our patient, a young female, was the driver of a car in a motor vehicle accident wherein she suffered L2 burst fracture which resulted in an incomplete thoracic T12 paraplegia, bilateral lower limb fractures and intra-abdominal injuries. Alignment/surgical challenges of lower-limb fractures and underlying soft-tissue defects complicated recovery from spinal surgery and lower-limb orthopaedic fixation. Multiple surgical procedures both planned and unplanned posed significant challenges in the management of her post-operative pain and significantly impacted her rehabilitation progress. Problems included the dosing and weaning of her patient-controlled analgesia with intensive use of all after-hours medical and nursing intervention despite a highly specialised multidisciplinary pain, orthopaedic, and rehabilitation service. Additionally, her distress with basic hygiene cares and wound management required highly sedative anaesthetic medications. She required a total of 130 days of acute spinal cord injury services with the input of multiple medical, surgical, and pain teams to achieve a successful outcome of discharge ready for sub-acute services.

CONCLUSION

We highlight the often predictable challenges in post-operative pain management in the setting of multi-trauma and spinal cord injury with a client with premorbid psychiatric history and recreational drug exposure.

Overall, we advocate for better pathways to manage such clients in the setting of large hospitals.

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