Instruments Marketing Hot Sheet

Lori Kmet

Focus On: Article on Wound Infusion

The attached article speaks positively of local anesthetic wound infusion after cesarean sections and breast augmentations. The article references both the Stryker PainPump and ON~Q pumps.

PAIN MANAGEMENT

Lori Kmet x3795
Danielle Lopez x3712
Jessica St. Germain x3341

OR PRODUCTS

Dylan Crotty x3720
Andy Lincoln x4010
Brian Adloff x4070
Ryan Jankovic x3574
Kenny Miller x3545

INTERVENTIONAL PAIN

Eric Gilbert x3968
Ryan Cain x3453
Jon Laurenti x3897

POWER TOOLS

John Lauria x3854
Matt Powell x3703
Christine Gorris x4007
Christopher Bender x3163
Nate McCalla x3802
Tristan Moss x3884

PRODUCT SERVICE

Mike Kletke x3483

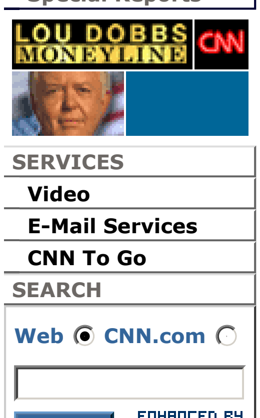
CONVENTIONS and EDUCATION

Sharon Lamson, Education Manager x3347
Barb Dickason, Event & Exhibit Specialist x3228
Kattelus, Susie, Conventions Associate x3593
Amy Mumby, Educ. & Exhibit Staff Assistant x3592

MARKETING

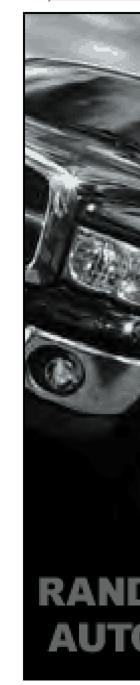
Michael McGarrity, Director of Marketing x3422
Marie't Ritsema, Admin. Assistant x3416
Lesa Reigle, Sample Accounts Administrator x3313

5/30/2003



advertisement
Shoes: Sty
Your Loca
Who's on
Subscribe

Select I



Surgeons try in-the-wound drugs to ease pain

Tuesday, May 27, 2003 Posted: 9:21 AM EDT (1321 GMT)

Story Tools SAVE THIS EMAIL THIS PRINT THIS MOST POPULAR

WASHINGTON (AP) -- The first time Kathy Kennedy gave birth via a Caesarean section, the wound was so painful she could barely hobble out of bed despite taking the powerful narcotic Percocet. But after her second C-section, "I popped out of bed."

The reason: a balloon-like gadget dripped a numbing drug below her stitches directly into the wound, without the grogginess and other body-wide effects of narcotics.

HEALTH LIBRARY
In association with MayoClinic.com
• Health Library
• Men's Health
• Women's Health
• Care for the whole family

In-the-wound painkillers are a growing trend among surgeons trying out the technique for everything from heart bypass operations to knee replacement -- although just how well the $200-plus method really works isn't yet proven.

"It makes sense," says Dr. Michael Schurr of the University of Wisconsin, who is conducting what may be the strictest study yet of the method, in 80 hernia patients. "The whole question is if the cost is worth the reduction in pain."

But there is some promising early research: In a study of 35 heart-bypass patients to be published next month, Dr. Robert Dowling of Jewish Hospital in Louisville, Kentucky, found those who had the device drip a numbing drug onto their stitched-up breastbone left the hospital three days sooner than patients given a saltwater drip. A similar University of Tennessee comparison of 36 C-section patients found a 40 percent reduction in narcotic use.

In-the-wound painkillers are part of a bigger movement to improve a dismal problem: Up to 60 percent of post-surgery pain is undertreated.

Pain actually delays recovery. It stresses the immune system, and hinders movement -- a particular problem when optimal healing depends on quick physical therapy.

Worse, uncontrolled pain right after surgery increases a patient's risk of developing chronic pain problems months later, warns University of Wisconsin professor June Dahl, a well-known pain specialist. Somehow, acute pain sets up nerve pathways that leave patients vulnerable.

Knocking off narcotics

Narcotic painkillers are a mainstay, but they can cause their own problems, including grogginess and constipation, that can delay hospital discharge. Nor are they always enough.

A better approach is called "multi-modal therapy," using an array of drugs that attack pain through different methods, thus decreasing narcotic use, Dahl says. But she recently studied 235 hospitals and found that new approach isn't used widely enough. In fact, a surprising quarter of hospitals still gave intramuscular pain injections, a slow-relief method not usually recommended.

Ask about the pain plan before your surgery, Dahl advises patients.

At the top of her list:

• Using those popular new arthritis pills called cox-2 inhibitors, sold under such names as Vioxx and Bextra, before surgery can reduce pain-causing inflammation and decrease the amount of narcotics needed. Older anti-inflammatory pills, such as aspirin or ibuprofen, can't be taken before surgery because they can cause excess bleeding, a problem cox-2 inhibitors don't pose.

• Using nerve blocks and epidurals instead of systemic medication right after surgery also can decrease narcotic use.

But the trendier method -- one that also intrigues Dahl -- seems to be the ON-Q system, made by California-based I-Flow Corp., that drips painkillers directly into the wound. Competitor Stryker Corp. of Michigan makes a similar device called the PainPump. Both have been sold for several years, but are slowly gaining more surgeons' interest.

Any local anesthetic in the lidocaine family is put into a ball-like pump and drips down a tube into a tiny, hole-filled catheter stuck in the skin next to the surgical site. Tape the pump to the skin or wear it on a belt, and just pull out the catheter when the drug's gone a few days later.

Better study is needed to prove if systems like ON-Q decrease pain enough to justify their cost, stresses University of Utah pain specialist Arthur Lipman, calling studies so far equivocal.

Schurr's hernia study aims to do that. First he's checking for short-term benefit -- does ON-Q reduce pain and lower narcotic use? Then he'll track patients for a year, to see if reduced postoperative pain in turn lowers the risk of chronic pain that sometimes strikes after hernia repair.

"It's not pain-free surgery, it's reduced-pain," cautions Dr. John Moore, a plastic surgery professor at Thomas Jefferson University in Philadelphia who uses ON-Q during breast reconstruction for cancer patients and certain other big operations.

But patients like Kennedy, herself an obstetrics nurse in Centerville, Virginia, urge other patients to ask for it. "I felt so much better. ... I wish more physicians did it on a routine basis."

Copyright 2003 The Associated Press. All rights reserved. This material may not be published, broadcast, rewritten, or redistributed.

advertisement

Story Tools

SAVE THIS EMAIL THIS

Click here to get 50% off the