Methods A Strengths, Weaknesses, Opportunities, and Threats (SWOT) matrix analysis following a Delphy methodology was conducted. A European model-based structure was designed, structuring an open staff point-of-care oriented programme, based on procedure-specific (PROSPECT) protocolization. Strategic and Clinical Quality Indicators in Postoperative Pain Management (SCQIPP) and Quality of Recovery 15 scores (QoR-15) were added as two main endpoints. Four months before the implementation these scores were collected for comparison purposes. Visual Analog Scale (VAS), QoR-15, and SCQIPP scores were compared between these two periods.

Results 400 surgical patients were followed (24% total knee replacement (TKR), 13% thoracic surgery, 13% laparotomy, and 6% Pfannenstiel incision). Epidural and femoral catheters were the most used regional analgesia techniques (58% and 27% respectively). A significant VAS reduction was found in Pfannenstiel, lumbar and hip surgeries, along with a significant QoR-15 reduction in lumbar, hip, and oncologic gynecologic surgeries. Significant increases in SCQIPP scores were found in TKR, Pfannenstiel, open nephrectomy, and hip replacement surgeries.

Background and Aims We aimed to retrospectively study the efficacy of ultrasound guided rectus sheath block (RSB) in combination with right subcostal transversus abdominis plane block (TAP) for laparoscopic cholecystectomy as an effective intra and postoperative analgesic method.

Methods We studied 20 patient files, operated for laparoscopic cholecystectomy. All patients meeting the criteria were operated under general anesthesia using propofol, fentanyl and rocuronium. Following anesthesia induction, a bilateral RSB using 15 ml ropivacaine 0.375% on each side and a right subcostal TAP block using 20 ml ropivacaine 0.375% were performed. Intraoperative fentanyl dose was 2 mcg/kg for all patients. We evaluated all recorded numerical rating scores (NRS) charted, immediately postoperatively and 6 and 24 hours later. In addition, complaints of nausea, vomiting and constipation were recorded.

Results Intraoperative arterial blood pressure and cardiac rhythm trends, suggested stable hemodynamics and reflected effective analgesia in all cases. Median NRS scores immediately postoperatively were up to 1.5 and up to 3 in all following recording instances with no additional analgesics required, besides paracetamol that was administered every 8 hours. Nausea and vomiting was absent for all these patients and only 4 patients reported constipation over 3 days.

Conclusions Ultrasound guided combination of RSB with right subcostal TAP block is an effective and safe intra and postoperative analgesic method.

Background and Aims Hip pathology surgery, is a major health problem due to the aging of the population, mortality, and secondary functional dependency. Patients experience moderate to severe pain after a hip surgery. Achieving optimal postoperative analgesia allows initiation of rehabilitation early. Intravenous opioid analgesia is effective for rest pain but inadequate for dynamic analgesia with side effects. There is a growing interest in the use of non-opioid adjuvant analgesics. A drug with great potential is lidocaine. Our objective is to evaluate the role of perioperative intravenous lidocaine in the reduction of pain and improvement of postoperative results in hip surgery.

Conclusions A SWOT-Delphy quality-oriented design methodology in a PAPMP allows to obtain higher rates of reduction in pain control and improves patient quality perception.
Methods A literature review was performed in the PubMed database using the keywords "intravenous lidocaine", "postoperative analgesia", and "hip surgery". Articles and reviews from the last 5 years were included. Studies in children under 18 years of age and pregnant were excluded.

Results

The reported benefits are included in Tables 1 and 2. Effects occur at low plasma concentrations during the infusion and persist for hours and even days afterward. The main mechanism of action is the reduction of inflammatory markers (leukotrienes B4 and interleukin-1). The antinociceptive and antihyperalgesic action is multifactorial (like muscarinic, dopaminergic, and NMDA receptors). Despite its scientific evidence in multiple interventions, especially abdominal and urological, its evidence in hip surgery is scarce (Table 3).

Conclusions Perioperative intravenous lidocaine is strongly recommended in a wide variety of surgeries as a postoperative analgesic technique. However, it is not recommended in hip surgery because of the scarcity of studies and their contradictions.