

AKUT BATIN ' da ANALJEZİ

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GOP Taksim Eğitim ve Araştırma Hastanesi

KARIN AđRISI

- “Karın bölgesinde bölgesel olarak hissedilen ağrıların tamamına “**karın ağrısı**” diyoruz.
- Bu ağrılar; bazen karın içindeki bazen karın dışındaki organlardan, bazen de sistemik hastalıklardan kaynaklanabilir.
- Bazen çok önemli hastalıkların tek bulgusu karın ağrısı olabilirken; bazen çok önemsiz bir sağlık sorunu nedeniyle karın ağrısı hissedilebilir.
- Hastalar genellikle ağrının şiddeti nedeni ile acil servislere başvururlar.

Karın Ağrısı Yapan Nedenler?

Aklınıza gelen her şey

Aklınıza Gelmeyenlerde !

- Addison Hastalığı
- Diyabetik Ketoasidoz
- Herediter Anjioödem
- Hiperkalsemi
- Kurşun zehirlenmesi
- Orak hücre krizi
- Porfiri
- Üremi (KBY),
karın ağrısı ataklarına neden olabilir.

AKUT KARIN AĐRISI

- “**Akut karın ağrısı**” son bir hafta içinde başlayan karın ağrısı olarak tanımlanmaktadır.
- **Akut batın**, şiddetli karın ağrısı ile karakterize klinik bir durumdur.
- Akut batın’a eşlik eden durumlar; bulantı, kusma, ishal, karında şişkinlik, reflü, iştahsızlık ...

Akut Batın Yapan Hastalıklar

- Akut Apendisit
- Akut Kolanjit
- Akut Kolesistit
- Aort Diseksiyonu
- Mesenterik İskemi
- Omental İnfarktüs
- Pankreatit
- Perfore Peptik Ülser
- Peritonit
- Salpenjit
- Sigmoid Divertikülit

Akut Batın Yapan Hastalıklar

► **Jinekolojik Hastalıklar**

- Pelvik inflamatuvar hastalık
- Over kist rüptürü
- Over torsiyonu
- Endometriozis

► **Obstetrik Hastalıklar**

- Ektopik Gebelik
- Plasenta Ayrılması
- Uterus Rüptürü

Akut Batın' da Tanı

- **Muayene Bulguları**
- Hassasiyet
- Defans
- Ribaund
- Özel Testler(Öksürük testi, Carnett belirtisi, Obturator bulgusu, Psaos bulgusu,....)
- **Laboratuar Bulguları**
- **Görüntüleme Bulguları**

- Karın ağrısı ile Acil servislere başvuran hastaların ağrısını kesmeli miyiz?
- Ağrıyı kesmek gerekiyorsa hangi tip analjezikler tercih etmemiz gerekmektedir?

Format: Abstract

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[J Emerg Med.](#) 1997 Nov-Dec;15(6):775-9.

The use of analgesics in patients with acute abdominal pain.

[LoVecchio F¹](#), [Oster N](#), [Sturmann K](#), [Nelson LS](#), [Flashner S](#), [Finger R](#).

Author information

Abstract

Analgesics in patients with acute abdominal pain are often withheld for fear that they may change physical examination findings and thus may be unsafe. We conducted a randomized, prospective, placebo-controlled trial to investigate changes in physical examination following the administration of placebo, 5 mg, or 10 mg of morphine to 49 patients with acute abdominal pain. One patient was withdrawn secondary to inadequate documentation. Of the 48 patients who completed the trial, a statistically significant change in physical examination was noted in both groups receiving analgesics, but not in the placebo group. No adverse events or delays in diagnosis were attributed to the administration of analgesics. We conclude that physical examination does change after the administration of analgesics in patients with acute abdominal pain and that a larger study is needed to evaluate analgesic safety in this subpopulation of emergency department patients.

PMID: 9404792

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Publication types, MeSH terms, Substances



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[Review](#) [Use of opioid analgesics in diagnosis and decision-making in patients w [Cir Esp. 2007]

Pain management of acute appendicitis in Canadian pediatric emergency departments

Andrea L. Robb, MD*; Samina Ali, MDCM^{††}; Naveen Poonai, MD[‡]; Graham C. Thompson, MD^{*¶}; and the Pediatric Emergency Research Canada (PERC) Appendicitis Study Group

ABSTRACT

Objectives: Children with suspected appendicitis are at risk for suboptimal pain management. We sought to describe pain management patterns for suspected appendicitis across Canadian pediatric emergency departments (PEDs).

Methods: A retrospective medical record review was undertaken at 12 Canadian PEDs. Children ages 3 to 17 years who were admitted to the hospital in February or October 2010 with suspected appendicitis were included. Patients were excluded if partially assessed or treated at another hospital. Data were abstracted using a study-specific, standardized electronic data extraction tool. The primary outcome was the proportion of children who received analgesia while in the emergency department (ED). Secondary outcomes included the proportion of children receiving intravenous (IV) morphine and the timing of analgesic provision.

Results: A total of 619 health records were abstracted; mean (SD) patient age was 11.4 (3.5) years. Sixty-one percent (381/616) of patients received analgesia in the ED; 42.8% (264/616) received IV morphine. Other analgesic agents provided included oral acetaminophen (23.5% [145/616]) and oral ibuprofen (5.8% [36/616]). The median (IQR) initial dose of IV morphine was 0.06 (0.04, 0.09) mg/kg. The median (IQR) time from triage to the initial dose of analgesia was 196 (101, 309.5) minutes. Forty-three percent (117/269) of children receiving analgesia received the initial dose following surgical consultation; 43.7% (121/277) received their first analgesic after abdominal ultrasound was performed.

Conclusions: Suboptimal and delayed analgesia remains a significant issue for children with suspected appendicitis in Canadian PEDs. This suggests a role for multidimensional knowledge translation interventions and care protocols to improve timely access to analgesia.

de la douleur causée par une appendicite présumée dans les services des urgences pédiatriques (SUP) partout au Canada.

Méthode: Il s'agit d'un examen rétrospectif de dossiers médicaux, mené dans 12 SUP au Canada. Ont participé à l'étude des enfants âgés de 3 à 17 ans, qui avaient été hospitalisés en février ou en octobre 2010 pour une appendicite présumée. Les enfants qui avaient été évalués ou traités en partie dans un autre hôpital ont été écartés. Les données recueillies ont été résumées à l'aide d'un outil électronique d'extraction uniforme de données et propre à l'étude. Le principal critère d'évaluation consistait en la proportion d'enfants soumis à un traitement analgésique pendant leur séjour au SUP. Les critères secondaires d'évaluation comprenaient la proportion d'enfants ayant reçu de la morphine par voie intraveineuse (i.v.) ainsi que le moment de l'administration des analgésiques.

Résultats: Il y a eu 619 résumés de dossiers médicaux; la moyenne d'âge (écart type) était de 11,4 ans (3,5 ans). Soixante et un pour cent (381/616) des enfants ont reçu un traitement analgésique au SUP, et 42,8 % (264/616) ont reçu de la morphine i.v. D'autres analgésiques ont été administrés, notamment l'acétaminophène par voie orale (23,5 %; 145/616) et l'ibuprofène par voie orale (5,8 %; 36/616). La dose initiale médiane (intervalle interquartile [IIQ]) de morphine i.v. était de 0,06 mg/kg (0,04 - 0,09). Le temps écoulé médian (IIQ) depuis le triage jusqu'à la première dose d'analgésique était de 196 minutes (101 - 309,5). Parmi les enfants soumis à un traitement analgésique, 43 % (117/269) ont reçu la première dose de médicament après la consultation en chirurgie et 43,7 % (121/277), après l'échographie abdominale.

Conclusions: Les retards d'administration du traitement analgésique ainsi que des doses insuffisantes de médicament posent encore des problèmes importants dans les cas d'appendicite présumée chez les enfants dans les SUP au Canada. Les résultats de l'étude donnent à penser qu'il y aurait lieu d'améliorer le temps écoulé avant l'administration

Format: Abstract Send to [Eur J Pain](#). 2014 Aug;18(7):902-13. doi: 10.1002/j.1532-2149.2014.00456.x. Epub 2014 Jan 22.

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

Falch C¹, Vicente D, Häberle H, Kirschniak A, Müller S, Nissan A, Brücher BL.

Author information

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Abstract

Appropriate pain therapy prior to diagnosis in patients with acute abdominal pain remains controversial. Several recent studies have demonstrated 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-Science and The-Cochrane-Library from 1929 to 2011 was carried out 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-legal Considerations in Current Analgesia Practices. A comprehensive algorithm for analgesia for acute abdominal pain in the general adult population was developed. A review of the literature of common aetiologies and management of acute abdominal pain in the general adult population and special patient populations seen in the emergency room revealed that intravenous administration of paracetamol, dipyron or piritramide are currently the analgesics 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 improves overall pain management.

PMID: 24449533 DOI: [10.1002/j.1532-2149.2014.00456.x](#)

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Analgesia in patients with acute abdominal pain.

Manterola C¹, Astudillo P, Losada H, Pineda V, Sanhueza A, Vial M.

Author information

Update in

Analgesia in patients with acute abdominal pain. [Cochrane Database Syst Rev. 2011]

Abstract

BACKGROUND: For decades, analgesia for patients with acute abdominal pain was withheld until a definitive diagnosis was established for fear of masking the symptoms, changing physical findings or ultimately delaying diagnosis and treatment of a surgical condition. This non-evidence-based approach has been challenged by recent studies demonstrating that the use of analgesia in the initial evaluation of patients with acute abdominal pain leads to significant pain reduction without affecting diagnostic accuracy. However, early administration of analgesia to such patients can greatly reduce their pain and does not interfere with a diagnosis, which may even be facilitated due to the severity of physical symptoms being reduced.

OBJECTIVES: To determine if the currently available evidence supports the use of opioid analgesia in patient management with acute abdominal pain; and to assess changes in a patient comfort while awaiting definitive diagnosis and final treatment decisions.

SEARCH STRATEGY: Trials were identified by searching the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library, issue 4, 2006), MEDLINE (1966 to 2006) and EMBASE (1980 to 2006). Randomized controlled trial filter for MEDLINE and EMBASE search. Trials will also be identified by "related articles". The searches were not limited by language or publication status.

SELECTION CRITERIA: Randomized controlled trials (RCTs) that include adult patients with acute abdominal pain, without gender restriction, comparing any opioid analgesia regime to no analgesia administered prior to any intervention regardless of outcomes.

DATA COLLECTION AND ANALYSIS: Two authors looked independently at the titles and abstracts of reports. Potentially relevant studies selected by at least one reviewer were retrieved in full text versions for potential inclusion. Allocation concealment was important to avoid bias and was graded using the Cochrane approach. The data from studies included was reviewed qualitatively and quantitatively using the Cochrane Collaborations methodology and statistical software RevMan Analysis 1.0.5. In the case of homogeneity or non-worrying heterogeneity, a random effects model was used. Sensitivity analysis was performed based on quality assessment.

MAIN RESULTS: Six studies fulfilled the inclusion criteria. Improvement with use of opioid analgesia was verified in variables patient comfort, reduction of pain, changes in physical examination.

AUTHORS' CONCLUSIONS: The review provide some evidence to support the notion that the use of opioid analgesics in patients with acute abdominal pain is helpful in terms of patient comfort and does not retard decisions to treat.

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Administration of analgesics in patients with acute abdominal pain: a systematic review [Int J Emerg Med. 2009]

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- 2007'de yayınlanan bir **Cochrane derlemesi** 2011'de güncellendi ve akut karın ağrısı ile acil servise başvuran hastalarda analjezik uygulanmasının uygun olduğunu gösterdi.
- Karın ağrısının etiyojisine bakılmaksızın Cochrane derlemesinin yazarları, opioid analjeziklerin kullanımının yanlış tanı riskini artırmadığını ve yanlış tedavi kararlarının alınma riskini artırmadığını ayrıca, ağrı tedavisinin aslında akut karınlı hastalarda klinik muayeneyi kolaylaştırabileceğini belirtmiştir.

Bir Cerrahin Gözünden

- Çünkü zaman zaman, analjezik sonrası herhangi bir tanı konmadan dolayısı ile de bir tedavi yapılmadan hastaların taburcu edildiği, bu hastaların daha sonra daha kötü bir vaziyette bir üst merkeze başvurdukları görülmektedir. Tabii analjezik uygulanan merkezin de bundan haberi olmadığı için, bu uygulamanın sorunsuz olduğunu zannetmeleri doğaldır. Yazara göre hastayı yatırıp tedavi edecek doktorla analjezik talimatını veren doktorun farklı olmaması gerekir.

Format: Abstract

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[Acad Emerg Med](#). 2016 Mar;23(3):331-41. doi: 10.1111/acem.12902.

Patient-reported Outcomes from A National, Prospective, Observational Study of Emergency Department Acute Pain Management With an Intranasal Nonsteroidal Anti-inflammatory Drug, Opioids, or Both.

Pollack CV Jr¹, Diercks DB², Thomas SH³, Shapiro NI⁴, Fanikos J⁵, Mace SE⁶, Rafique Z⁷, Todd KH⁸.

Author information

Abstract

OBJECTIVES: Patient compliance and satisfaction with analgesics prescribed after emergency department (ED) care for acute pain are poorly understood, largely because of the lack of direct patient follow-up with the ED provider. Our objective was to compare patient satisfaction with three analgesia regimens prescribed for post-ED care—a nasally administered nonsteroidal anti-inflammatory drug (NSAID), an opioid, or combination therapy—by collecting granular follow-up on analgesic use, pain scores, side effects, work activity levels, and overall satisfaction directly from patients.

METHODS: We designed a prospective registry linking ED assessment and analgesic management for acute pain of specific musculoskeletal or visceral etiologies with self-reported automated telephonic follow-up daily for the 4 days post-ED discharge. Patients were prescribed a specific NSAID (SPRIX, ketorolac tromethamine for nasal instillation) only, an oral opioid only, or both with the opioid clearly defined as rescue therapy, at the ED provider's discretion.

RESULTS: There were 824 evaluable subjects. Maximum pain scores improved day to day more effectively with a ketorolac-based approach. Self-reported rates of return to work and work effectiveness were higher with SPRIX than with opioids or combination therapy. Adverse effects of nausea, constipation, drowsiness, and abdominal pain were higher each day among patients taking an opioid; nasal irritation was more common with SPRIX. Overall satisfaction at the end of the follow-up period was higher with SPRIX-based treatment than with opioid monotherapy.

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- ▶ Opioidlerin güvenli ve efektif kullanımında amaç artan dozda titre edip istenmeyen etkilerin minimize edilmesidir.
- ▶ Aşırı doz verilen hastalarda solunum depresyonu ve bilinç bulanıklığı oluşur. Hipotansiyon nadir ve genellikle ilk doz kullanımında oluşan histamin deşarjına bağlıdır.

- Parasetamol
- Günlük maksimum dozu 4 gramdır
- Oral ve intravenöz olarak verilebilir
- Trombosit agregasyonu yapmaz

İlaç	Yükleme doz aralığı	İdame doz aralığı	Etki Başlangıcı	Etki Süresi
Fentanil	1-2mcg/Kg (25-100mcg)	0,35-0,5mcg/kg ½-1 saatte bir	1-2 dk	30-60 dk
Morfin Sülfat	2-10 mg	2-4 mg 1-2 saatte bir	5-10 dk	240-300 dk

► **Fentanil;**

- Güçlü analjezik ve sedatif etkilidir.
- Etkisi hızlı başlar. Diğer opioidlere göre daha az hipotansiyona neden olur.
- Yüksek dozlarda göğüs duvarı rijiditesine yol açabilir.

► **Morfin;**

- Karaciğer yada böbrek yetmezliği olanlarda etki süresi uzayabilir.
- Histamin salınımı, venodilatasyon, hipotansiyon ve bradikardiye neden olabilir.

ÖZET

- Tüm karın ağrılarında ağrının şiddetine göre analjezik seçebiliriz.
- Hafif ve orta şiddette karın ağrılarında **parasetamol** gibi analjezikleri seçerken,
- Şiddetli ağrılarda **opioid** analjezikleri tercih etmemizi öneriyoruz.
- Akut karın ağrılı hastalarda opioid kullanımını güvenilir olup hastanın değerlendirilmesinde tanısı ve yönetiminde olumsuzluğa neden olmaz.

TEŞEKKÜRLER