



Nurse-led Post Pain Intervention Clinic Outcome Data

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Background

Clinical Nurse Specialists (CNS) perform regular nurse-led outpatient clinics. These outpatient clinics involve assessing chronic pain patients following their pain intervention either face-to-face or on the telephone. The default appointment is telephone-based however patients suffering communication difficulties are scheduled a face-to-face appointment instead.

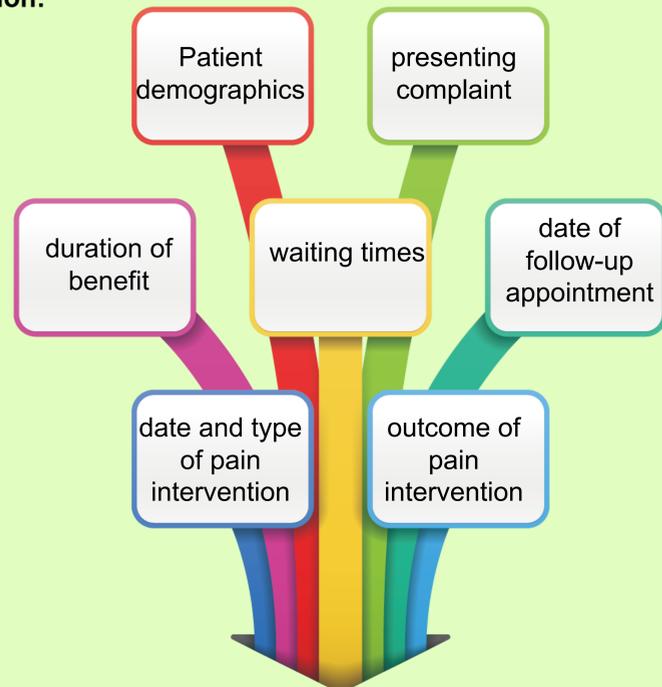
The interventions frequently performed in our day surgery unit include facet joint injections (FJI), caudal epidurals, transforaminal epidural injections (TFE), sacroiliac joint injections (SIJ), trigger point injections (TPI), lidocaine infusions, and pulsed radiofrequency (PRF) and denervation (RF) procedures. The benefits of CNS conducting follow-up clinics is well known which includes improved patient satisfaction, cost effectiveness and reduced waiting times, however the effectiveness of the different pain interventions including repeat interventions in our Trust has not been systematically reviewed.

Methodology

After gaining Trust approval, prospective data collection took place for a year (August 2017- August 2018).

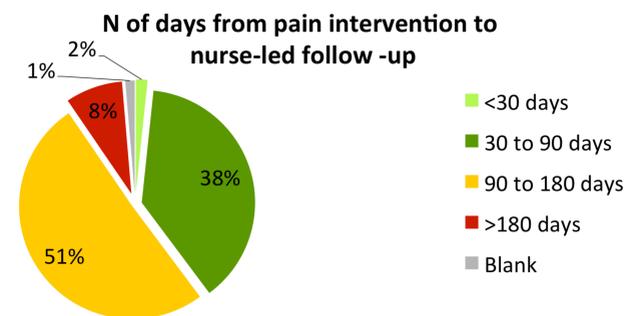
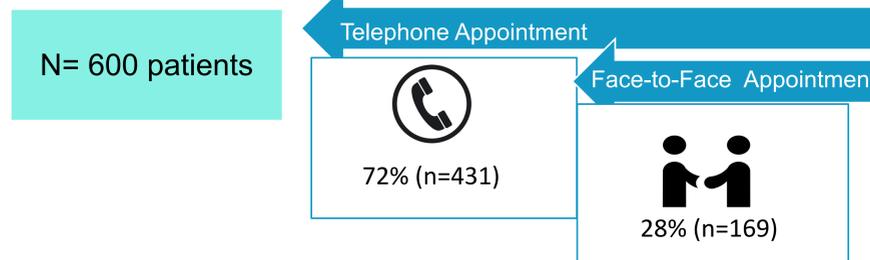
The sample:  Adult patients suffering persistent pain who had undergone a pain intervention treatment and were subsequently scheduled a nurse-led outpatient follow-up appointment (either face-to-face or by telephone).

Data Collection:

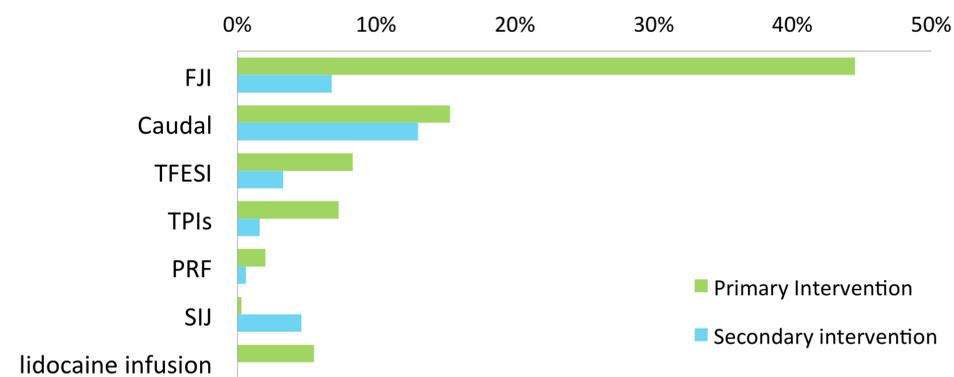


The data was subsequently analysed by the CNS's

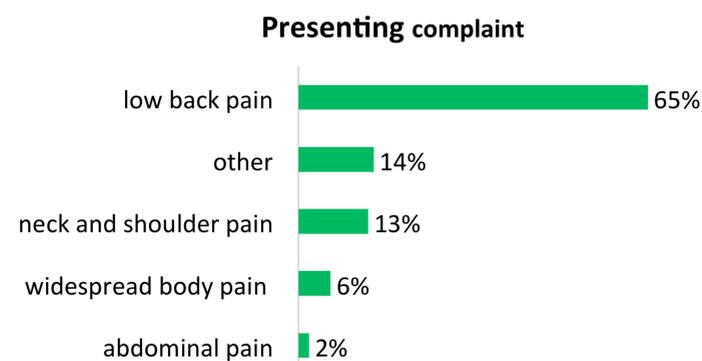
Results



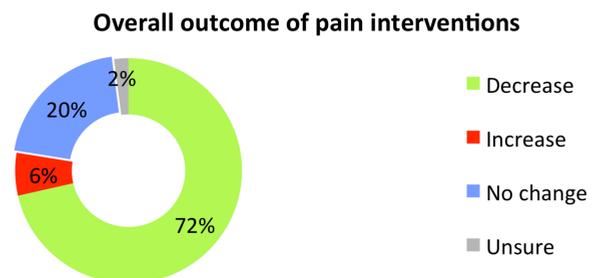
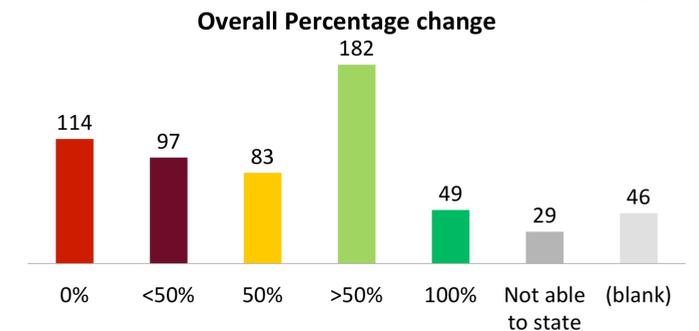
N= 211 / 600 patients (35%) underwent more than one procedure on the same day.



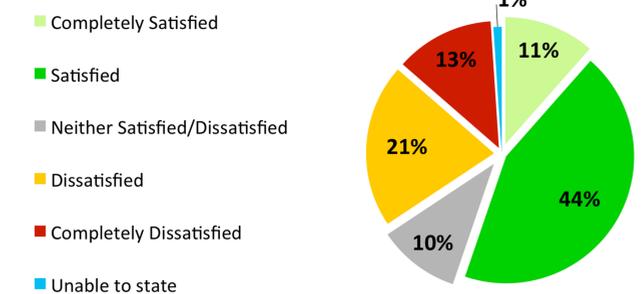
N= 395 patients (65%) were treated for low back pain (+/- lower limb)



Results



Patient satisfaction with pain intervention



Conclusion

Surprisingly the waiting times for a nurse-led follow-up appointment following a pain intervention varied widely, from 1 month up to 1 year. The reasons for these waiting times may be patient cancellations and scheduling errors.

Current practice shows the most common pain intervention performed is FJI which is in line with the most reported pain presentation being low back (+/- lower limb) pain.

A multimodal pain management approach is always required when treating chronic pain. Following analysis of the results, the outpatient pain service will continue to review the number and type of interventions performed.



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