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# My first experience using clinical evidence to change patient care

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## REFLECTION:

# My first experience using clinical evidence to change patient care

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The important work that an anesthesiologist performs is much more than simply making the patient go to sleep. Anesthesiologists are often the sole providers of pain management and analgesic relief for patients. The importance of managing pain post-operatively cannot be overstated, as high pain levels are detrimental to patient satisfaction and recovery.<sup>1</sup> During a recent rotation of an inpatient surgical anesthesia team, I observed the recovery of patients who underwent abdominal surgeries. My team often referred to epidurals as being the “gold-standard”<sup>2</sup> or “heaviest hitter” when it came to pain management. This intrigued me, as epidural analgesia is only one of a few options available.

This scenario was highlighted when a patient arrived in the PACU after having an intestinal surgery with a large incision through his midline abdomen. The patient was in an extreme amount of pain, and was requesting relief. This was brought to the attention of the attending physician, so the anesthesia team met with the patient to explain his options. The patient stated that he wanted whatever could be done the quickest and would be the most effective to manage his pain. After evaluation of the patient’s situation, the team chose to give the patient an epidural. It’s important to maintain the humanity of the patient in order to provide them the best care possible.

This particular circumstance led me, a medical student member of the team, to do some reading of the medical literature. I found many different articles describing the efficacy of epidural versus transverse abdominus nerve block. During my reading, I discovered that the data suggests that there may be no difference in pain relief between the two procedures.<sup>3,4</sup> However, in my experience, epidurals take considerably longer to perform than a transverse abdominus nerve block. Armed with this, I presented the information and associated articles to my team, with their response being that they would consider the data in regard to administering pain relief to their patients in the future.

I found this experience profound in that it was the first time in my medical career that I was able to use research and evidence to alter the way that patients are treated. Specifically, taking into consideration the various different presentations that patients can bring to a clinical case, it is now easier than ever for physicians to use clinical research to provide care. Being able to tailor a plan specifically to your patient is an achievable reality that empowers the physician to treat their patients on a case-by-case basis that will result in better care of and outcomes for our patients.<sup>5</sup>

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