

ANAESTHESIA AND POSTOPERATIVE PAIN MANAGEMENT FOR A PATIENT WITH OPIOID ALLERGY

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Introduction. Opioid allergy is a serious medical condition, requiring careful examination to select appropriate pain relief for patients with chronic pain and prepare perioperative analgesia. This case report aims to analyze the management of general anaesthesia and postoperative analgesia for patients with opioid allergy.

Case Description. A 65-year-old male patient with subacute mandibular periostitis, caused by radiation therapy, was admitted to Pauls Stradins CUH. The patient's diagnosis was prostatic cancer with metastasis – for pain relief patient received Fentanyl s/c, Tramadol p/o, and Prednisolone p/o. However, the patient was previously diagnosed with multiple true allergies to pain medication, including fentanyl, metamizole, lysthenon and various antibiotics. The patient underwent teeth extraction surgery due to infection under general anaesthesia. The patient previously underwent an endoscopic procedure, where he received opioids with no complications. Before induction Dexamethasone, 12 mg i/v was given. For induction patient received Sol. Propofol 200 mg i/v, Fentanyl 0.15 mg i/v and Mivacoron 20 mg i/v. During the maintenance of anaesthesia, hemodynamics were stable – there were no signs of allergic reactions. After the surgery, the patient was admitted to the general surgery ward. For postoperative analgesia, the patient received analgesia with NSAIDs and subcutaneous Fentanyl for severe pain. The patient was discharged without postoperative complications.

Summary. Oncological patients with multiple metastases and opioid allergies, can make daily pain management and analgesia during surgery more complicated.

Conclusions. Patients with opioid allergies have a higher risk of allergic reactions during the perioperative period. Intravenous Dexamethasone before induction of anaesthesia can lower the risk of allergic events during the surgery.