

BACKGROUND

- Epidural analgesia is the gold standard for postoperative pain control.
- It offers superior relief, fewer side effects and faster recovery.
- It is critical in cancer surgeries where optimal pain management is essential for better surgical outcomes.

METHODS

Design: Retrospective computerized analysis

Data Period: October 8 – November 8, 2024

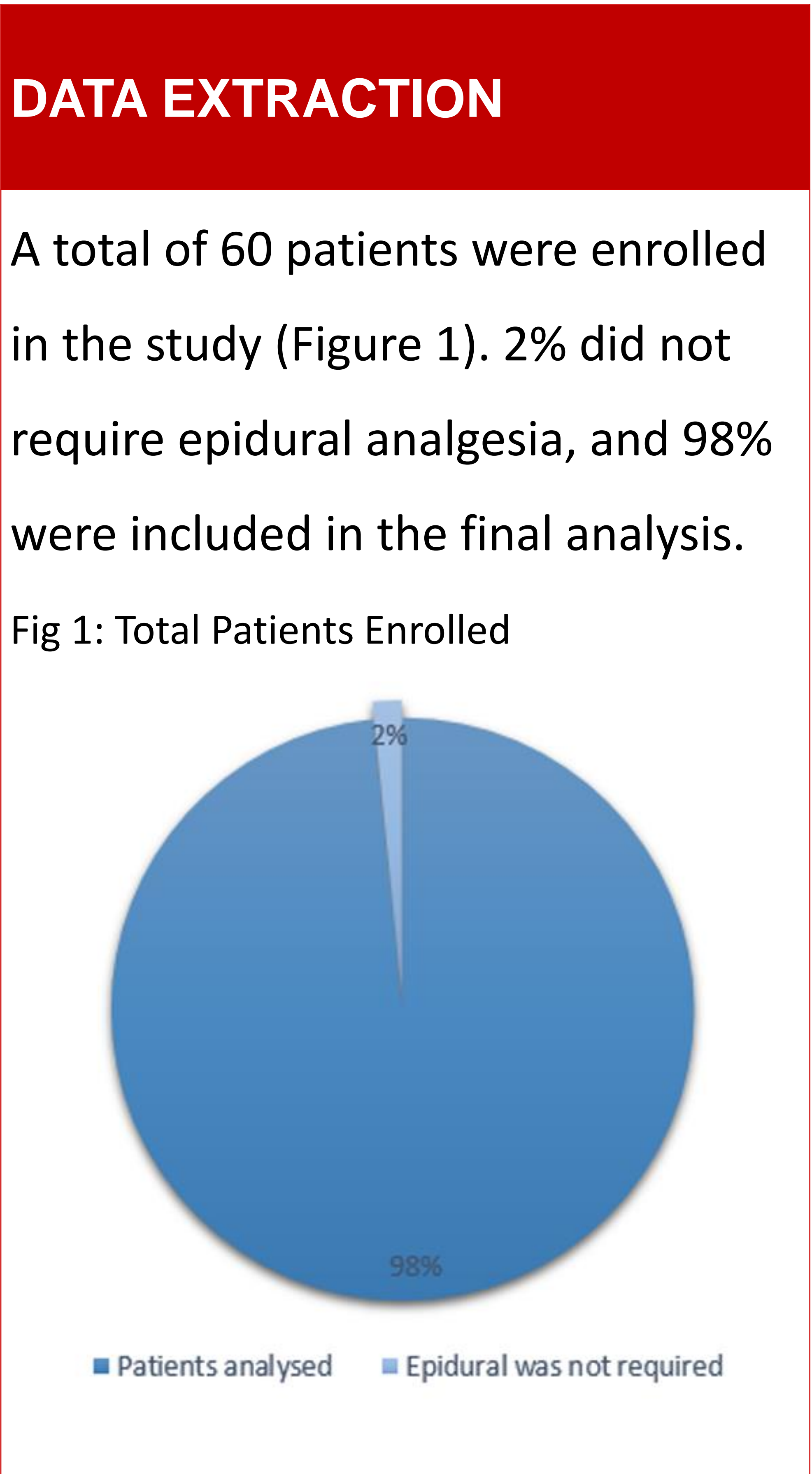
Sample: 60 patients

Inclusion Criteria:

- Major abdominal, thoracic, orthopedic surgeries
- ASA scoring not considered
- Epidural analgesia for post-op pain management

Pain Assessment: Numeric Rating Scale (NRS) Day 0 to Day 4

Comparison: Epidural vs. Parenteral opioids



OBJECTIVES

Primary Objective:

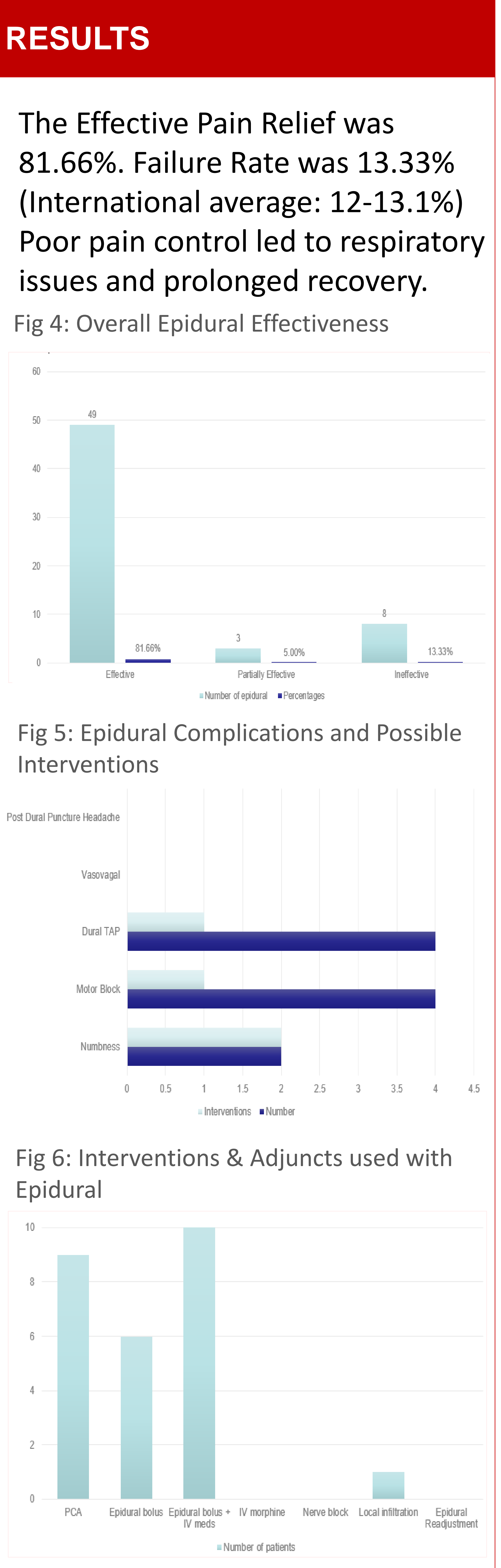
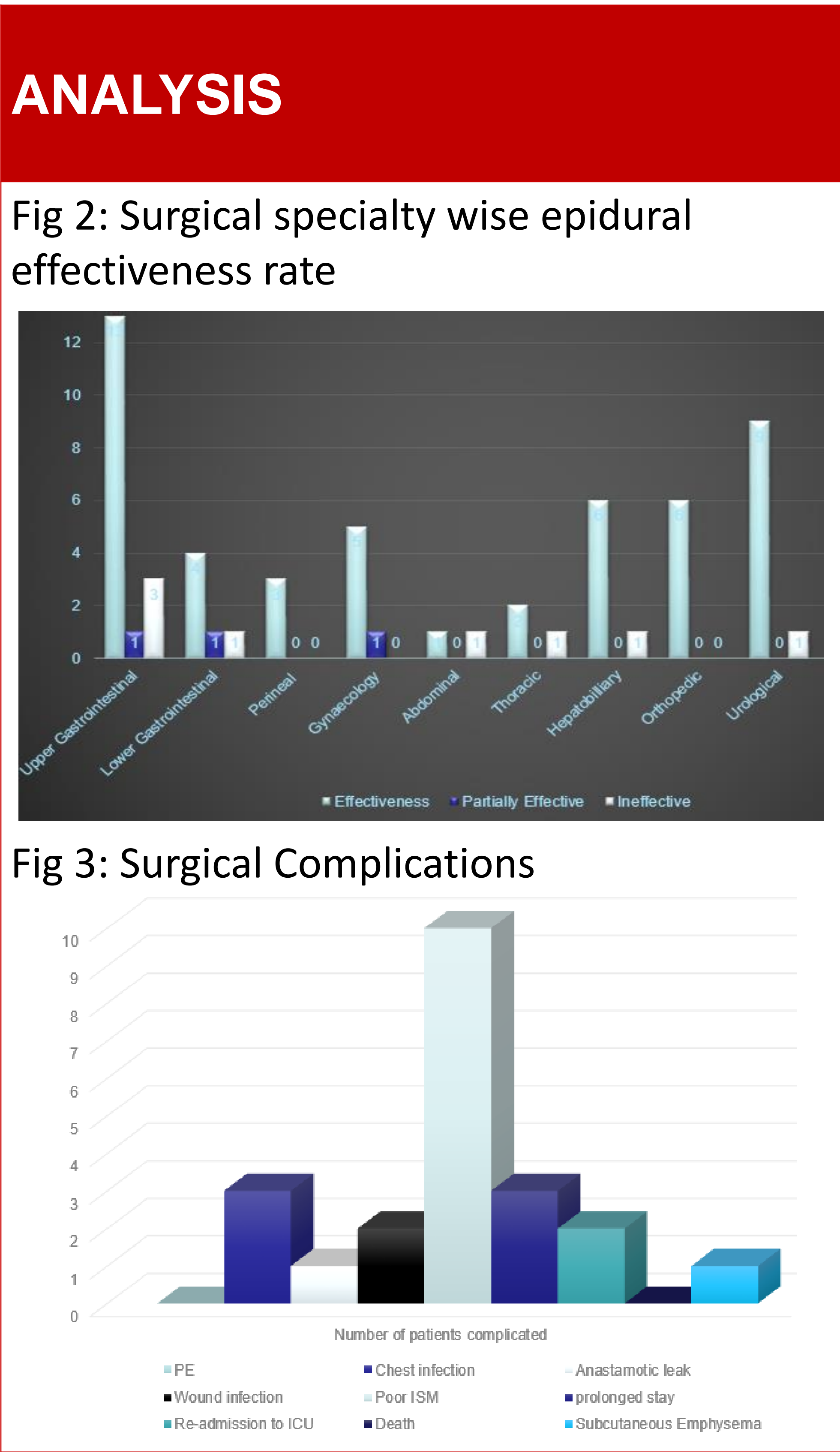
- Evaluate the effectiveness and failure rate of postoperative epidural analgesia.

Secondary Objectives:

- Identify causes of failure
- Record complications and adjunct interventions.
- Assess surgical outcomes in relation to pain control.

TABLE 1. SURGICAL SPECIALTY WISE DISTRIBUTION

Specialty	Patients	%
Upper GI	17	28.3
Urology	10	16.6
Hepatobiliary	14	11.66
Lower GI	11	10
Gynecological	6	10
Orthopedic	4	10
Perineal	4	5
Thoracic	3	5
Abdominal	1	3.3



CONCLUSION

- Epidural analgesia remains highly effective and safe for cancer surgeries.

Continuous monitoring ensures:

- Fewer complications
- Optimal surgical outcomes
- Minimal reliance on opioids

Recommendation: Encourage use in major surgeries with close follow-up for pain assessment and adjustments.