Br J Pain. 2016 May; 10(2 Suppl): 5–91.

Published online 2016 May 17. doi: [10.1177/2049463716639449](https://dx.doi.org/10.1177%2F2049463716639449)

[Copyright and License information](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4977949/) [Disclaimer](https://www.ncbi.nlm.nih.gov/pmc/about/disclaimer/)

[Go to:](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4977949/)

027

Morphine in Postoperative Recovery: Time Taken to Achieve Comfort

Category: Acute Pain

**Authors:** Manojit Sinha - Pain Relief Research Centre King’s College Hospital NHS Foundation Trust

[Go to:](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4977949/)

Background

Uncontrolled acute pain can lead to complications like myocardial, pulmonary and gastrointestinal dysfunction. There is also the association of pain with delayed discharge from recovery and development of chronic pain. Preventative strategies include regional techniques, simple analgesics, Opioids and use of adjuvant analgesics. In the United Kingdom, typically small boluses of intravenous (IV) Morphine titrated to effect is one of the techniques used to achieve effective analgesia in recovery.

[Go to:](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4977949/)

Aims

Aim of this prospective study was to assess the efficacy of Morphine in managing acute post-operative pain, focussing on time to achieve comfort and time taken for patient to be discharged from recovery.

[Go to:](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4977949/)

Methods

We included patients undergoing elective major vascular, general, gynaecology, urology and orthopaedics procedures. Data was collected randomly over a period of two different days of the same week. This included initial pain scores in recovery, doses of morphine given if at all, adverse effects observed and the time taken to achieve comfort. Time to discharge from recovery and patient satisfaction were also collected.

[Go to:](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4977949/)

Results

Twenty-eight (68%) of forty-one patients who were admitted to recovery received IV Morphine. The total dose of morphine used in recovery varied from 4 mg to 20 mg; an average of 8.5 mg. Initial pain scores were recorded on Visual Analogue Scale varied from 5 - 10. Time taken to achieve comfort (Pain scores of three or less) in patients who received IV Morphine varied from twenty minutes to sixty minutes with an average of thirty-five minutes. Five patients (17%) reported nausea and vomiting while one patient (3%) was observed to be drowsy. Unsurprisingly, patients who received morphine stayed longer in recovery (50 – 185 minutes) compared to those who did not receive IV Morphine (25 – 58 minutes). The overall experience of patients receiving morphine in recovery was good.

[Go to:](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4977949/)

Conclusion

IV morphine is commonly used for pain relief in recovery after major surgery. From our data, Morphine was shown to be effective in providing analgesia in recovery but the time taken to achieve patient comfort and time to discharge from recovery was significantly prolonged. Around 20% of patients who received Morphine reported side effects. The combination of rapidly acting Opioids and Morphine may provide faster time to comfort and earlier discharge from recovery unit. In our hospital, we also use Alphine (Morphine + Alfentanil) protocol and we would like to compare IV Morphine with Alphine protocol in the next study.

* [Br J Pain. 2016 May; 10(2 Suppl): 5–91.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4977949/#top)