



Shoulder tip pain post laparoscopy a Myth?

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Aim: Identify occurrence of post operative shoulder tip pain in an acute setting

Method: Data collected over a period of one year, of patient's undergoing emergency laparoscopic surgery. Patient's consent, incidence of shoulder tip pain, its relationship with the type of operation or the duration if any, and its management analysed

Inclusion criteria : Emergency laparoscopic operations	Exclusion criteria : Conversion to laparotomy; Four quadrant peritonitis; Chronic pain
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Limitations of the study : Elective procedures not included; Small study number; retrospective; Lack of standardization of LA usage

Total (n)	228	Median Operating time	83 minutes
M:F	1:1.9	Seniority of surgeon (C:R:SHO)	1:2:0.6
Median Age	27 years	Average insufflation/procedure	79.8 mls
Median ASA Grade	II	Average Insufflation pressure/procedure	13.2 mm of Hg

Results

'Shoulder tip pain' in the consent form	8%	Post operative shoulder tip pain:	
Intra-peritoneal LA infiltration	14%	More in upper G.I procedures	More with high (> 14mm of Hg) insufflation pressure
Post-op 'Shoulder tip pain' Documented- requiring NSAIDS	11 %	No association with duration of pneumoperitoneum	No association with amount of CO2 insufflation
		No significant difference with intra-peritoneal LA infiltration	No significant increase in length of stay

Conclusion: Shoulder tip pain, post laparoscopic surgery is uncommon, but does occur in a minority of patients. There is paucity in literature about its incidence and outcome. It is easily treated with use of opioids/NSAIDs, but should be mentioned at the time of consenting of the patient for the procedure, or included in the patient information leaflet.

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