

## Day-Case Ketamine Infusions in Patients with Chronic Pancreatitis

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**Abstract :** Introduction: Chronic Pancreatitis is an increasing problem worldwide. Pain is the main symptom and the main reason for hospital readmission following diagnosis, despite the use of strong analgesics including opioids. Ketamine infusions reduce pain in complex regional pain syndrome and other neuropathic pain conditions. Our centre has trialed the use of ketamine infusions in patients with chronic pancreatitis. We have evaluated this service to assess whether ketamine reduces emergency department admissions and analgesia requirements. Methods: This study collected retrospective data from 2010 in all patients who received a ketamine infusion for chronic pain secondary to a diagnosis of chronic pancreatitis. The day-case ketamine infusions were initiated in theatre by an anaesthetist, with standard monitoring and the assistance of an anaesthetic practitioner. A bolus dose of 0.5milligrams/kilogram was given in theatre. The infusion of 0.5 milligrams/kilogram per hour was then administered over a 6 hour period in the theatre recovery area. A study proforma detailed the medical history, analgesic use and admissions to hospital. Patients received a telephone follow up consultation. Results: Over the last eight years, a total of 30 patients have received intravenous ketamine infusions, with a total of 92 ketamine infusions being administered. 53% of the patients were male with the average age of 47. A total of 27 patients participated with the telephone consultation. A third of patients reported a reduction in hospital admissions with pain following the ketamine infusion. Analgesia requirements were reduced by an average of 48.3% (range 0-100%) for an average duration of 69.6 days (range 0-180 days.) Discussion: This service evaluation illustrates that ketamine infusions can reduce analgesic requirements and the number of hospital admissions in patients with chronic pancreatitis. In the light of increasing pressures on Emergency departments and the increasing evidence of the dangers of long-term opioid use, this is clearly a useful finding. We are now performing a prospective study to assess the long-term effectiveness of ketamine infusions in reducing analgesia requirements and improving patient's quality of life.

**Keywords :** acute-on-chronic pain, intravenous analgesia infusion, ketamine, pancreatitis

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