

ABSTRACT

Each year hundreds of patients who have undergone outpatient surgery are admitted or experience delayed discharge due to nausea and vomiting or uncontrolled pain. Opioids have long played a major role in these patient's admissions due to major side effects that opioids produce. Research has shown that a multimodal approach using non steroidal medication can effectively manage pain with limited side effects and ultimately decrease admissions and the length of stay. The purpose of this quantitative study was to determine whether or not the intraoperative administration of Ketorolac (Toradol) had an impact on the length of stay of a patient who has undergone a Dilation and Curettage (D&C) with Hysteroscopy in an outpatient setting. A purposive sampling technique was employed to identify women between the ages of 20 to 50 years of age who had undergone a D&C with Hysteroscopy in an outpatient surgery center located in northwestern Pennsylvania. Approximately 700 D&C with hysteroscopy are performed annually at this facility. A retrospective review of medical records was performed for all patients who underwent a D&C between January 1, 2006 and July 31, 2006. Charts were reviewed until 72 patients had been identified that met the inclusion criteria. A data collection sheet was utilized that included the patient's age, preoperative diagnosis, dosage and time of Ketorolac administration, time entered the post anesthesia care unit (PACU), time discharged from PACU, type and amount of opioids administered, and if there were any delays in discharge. Results indicated that there was no statistically significant difference in length of stay between those who received intraoperative Ketorolac and those who did not.