

Anesthesiology
82:322, 1995

© 1995 American Society of Anesthesiologists, Inc.
J. B. Lippincott Company, Philadelphia

How Many Acute Pain Services Are There in the United States, and Who Is Managing Patient-controlled Analgesia?

To the Editor:—Anesthesiology-based acute pain services were described in 1988.^{1,2,*} Although many have appeared subsequently both in academic and private practice settings, there is little information regarding the current number of acute pain services in the United States.

Patient-controlled analgesia (PCA) is an important modality that has been used widely by anesthesiologists to manage acute pain, but recent economic and political factors have prompted some anesthesiologists to stop providing PCA or to relegate this method of care to others. There is no published information characterizing current PCA management patterns in the United States.

A survey was undertaken in April 1994 to examine these two issues. The survey started with a list of the 2,254 hospitals in the country with 100 beds or more. After stratifying these institutions geographically to ensure country-wide representation, a sample of 500 was randomly selected. A questionnaire was mailed to the directors of anesthesiology departments at each institution. It contained the following questions:

1. Is there an anesthesiology-based acute pain service in your hospital?
2. Is PCA used in your hospital?
3. What group(s) of physicians manage PCA: anesthesiologists, surgeons, oncologists, other (specify)?
4. What is the ZIP code of your hospital?

Responses were received from 324 (65%) of the institutions surveyed. Tables 1 and 2 show the information obtained.

The proportion of respondents (73%) indicating the existence of an anesthesiology-based acute pain service was surprisingly large. Because all institutions were randomly selected and their responses were anonymous, it is not known what proportion of these were

Table 1. Participating Institutions

| | n (%) |
|--|----------|
| Institutions with an anesthesiology-based acute pain service | 236 (73) |
| Institutions offering patient-controlled analgesia | 310 (96) |

Funding support for the cost of mailing survey questionnaires was provided by Abbott Laboratories.

* Ramsey DH: Perioperative pain: Establishing an analgesia service. *Problems in Anesthesia* 2:321-326, 1988.

Table 2. Therapist Groups Managing Patients Who Receive Patient-controlled Analgesia

| Therapist Group | Institutions Indicating Participation of the Group in PCA Management (%) |
|--|--|
| Anesthesiologists | 221 (68) |
| Anesthesiologists exclusively | 65 (20) |
| Anesthesiologists and surgeons exclusively | 56 (17) |
| Surgeons exclusively | 49 (15) |
| Registered nurses* | 21 (7) |
| Internists (including oncologists) | 14 (4) |
| Obstetricians | 10 (3) |
| Family medicine | 6 (2) |
| CRNAs* | 2 (0.6) |
| Pharmacy* | 2 (0.6) |

* In these groups, physicians provided the necessary signatures on the patient-controlled analgesia (PCA) orders but had little or no other participation in patient care.

academic centers and what proportion came from private practice. Because the term "anesthesiology-based acute pain service" was intentionally not defined, it is likely that the time and resources applied to acute pain management vary widely among respondents.

PCA is now used, at least to some extent, in almost all American hospitals with 100 or more beds. Anesthesiologists are still the largest single group managing PCA, although there are substantial numbers of other therapists.

L. Brian Ready, M.D., F.R.C.P.(C.)

Professor

Department of Anesthesiology RN-10

Director

Acute Pain Service

University of Washington Medical Center

University of Washington School of Medicine

Seattle, Washington 98195

References

1. Ready LB, Oden R, Chadwick HS, Benedetti C, Caplan RA, Wild LM: Development of an anesthesiology-based postoperative pain management service. *ANESTHESIOLOGY* 68:100-106, 1988
2. Saidman IJ: The anesthesiologist outside the operating room: A new and exciting opportunity (editorial). *ANESTHESIOLOGY* 68:1-2, 1988

(Accepted for publication October 20, 1994.)