

6th ECHO Singapore 2011

12th – 14th October 2011

Auditorium, NUHS Tower Block, National University of Singapore

CALL FOR ABSTRACTS

Participants are invited to submit their abstract(s) for consideration for poster presentation. For online registration, visit us @ <http://www.echosingapore.com/>. Please submit abstract of not more than 250 words online through the above website or using the Abstract Form. Abstract Form, in word document format is to be emailed to echo@ams.edu.sg. The deadline for abstract submission is **15 August 2011**.

Guidelines for Abstract Submission

1. Abstract must be submitted in English, font size 12 pt, Times New Roman.
2. The abstract text is limited to 250 words and is to be structured to the following headings: Objectives, Methods, Results and Conclusions. The section headings should be bold.
3. Presenting author's contact details including email address and contact number.
4. The identifying information includes:
 - i. The titles in BOLD UPPER CASE.
 - ii. Author and co-authors' details, including affiliation details: department, institution / hospital, city, country
5. References are optional. An abbreviated form is acceptable eg. Name et al. Journal 2009;63:93-101
6. Tables, graphs and images can be included in the abstract.
7. Registration fee is to be settled upon confirmation of abstract acceptance. Only abstracts of authors who have paid their registration fees will be scheduled and included in the Final Program.

NON-RESOLVING POSTOPERATIVE PAIN AS A PRESENTING SYMPTOM OF DEEP VEIN THROMBOSIS AFTER TOTAL KNEE REPLACEMENT

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Objective: To report a case of non-resolving postoperative pain following total knee replacement (TKR) caused by deep venous thrombosis (DVT).

Methods: Observational case report.

Results: A 50-year-old ASA-1 male patient with osteoarthritis knee underwent uneventful Right TKR surgery under spinal anaesthesia. Patient Controlled Analgesia (PCA) with morphine was used for postoperative pain relief. On second postoperative day, he complained of leg pain, both dynamic and at rest, despite adequate usage of PCA. The entire lower leg was painful and delayed his physiotherapy. The operated limb was swollen and had calf tenderness on examination. A Doppler study showed popliteal DVT. He was started on warfarin therapy and subsequently recovered well.

Conclusion: Severe non-resolving postoperative pain despite PCA following TKR should prompt a detailed history and physical examination. It may indicate the presence of a new surgical or medical problem, which may need urgent medical attention.