INTRODUCTION
Postoperative pain is an consequence:

- Tissue injury, it could release prostaglandins that cause hypersensitivity, turning any stimulus in pain.\(^{1,2}\)
- Inflammatory responses incurred as a result of surgery.\(^{1,2}\)

The management in operated patients are one of the crucial factors related to physical and psychological alterations.

The inadequate control of pain may result in\(^{4,5}\):

- Prolong the hospital stay
- Increased risk of developing chronic pain
- Increases the risk of postoperative infection (immunosuppression and renal colic (n = 6,555) identified by International Classification of Diseases (N20, N21, N22, N23) and who received one of the nonsteroidal anti-inflammatory drugs (NSAIDs): parecoxib, ketoprofen, and ketorolac.

OBJECTIVE

Demonstrate through a retrospective analysis of secondary data, that patients with inadequate treatment of post-surgical appendectomy and colic renal pain may end up having a longer period of hospitalization evaluating the length of hospital stay between groups of patients treated with parecoxibe compared to other nonsteroidal anti-inflammatory drugs (NSAIDs).

RESULTS

The analysis from medical bills of those health insurance beneficiaries in post-appendectomy group during the period showed that the average length of stay for the management of pain with parecoxibe was 1.95 days compared to 2.20 days with other NSAIDs (Figure 1). The Kruskal-Wallis test showed a significant difference between the group treated with parecoxibe and the group of other treatments (\(p = 0.006\)), rejecting the hypothesis of equality between the groups.

![Figure 1. Number of patient per surgical procedure](image)

![Figure 2 – Length of Hospitalization for Appendectomy by Drugs (in days)](image)

![Figure 3 – Length of Hospitalization for Renal Colic by Drugs (in hours)](image)

For the management of acute renal colic, data analysis showed that there was a significant difference between the group treated with parecoxibe compared to the group of other treatments to the length of stay greater than 24 hours between parecoxibe and other NSAIDs (41.6 hours vs. 45.5 hours, respectively; \(p < 0.001\); Figure 2). The average time of general hospitalization was 25.2 hours compared to 32.9 hours parecoxibe with other drugs.

CONCLUSIONS

The pain is considered the 50 vital sign due to the importance in the clinical evolution, quality care and outcome disease. The period of hospital permanence after surgery or during treatment of a renal colic or nefretic syndrome is the utmost importance and implies in hospital costs. The longer patients stay in hospital higher of complication clinical, delaying treatment and some cases to increase mortality. The adequate treatment may be reduced the hospital stay and could improve the assistance and financial results.

REFERENCES