Pre-Emptive Pain Regimen Decreases Opioid Usage For Robotic Surgery Patients

Reporting in the journal *Urology*, researchers at Thomas Jefferson University have found that a pre-emptive multimodal pain regimen that included pregabalin (Lyrica) decreased the use of opioid analgesics in patients undergoing robotic-assisted laparoscopic radical prostatectomy.

Opioid usage, which involves narcotic pain medications, was significantly less in patients who received the multimodal regimen compared to patients who received a standard post-operative analgesic regimen. The mean opioid dose, which was measured in total morphine equivalent dose, was 75.3 mg for patients who received the standard regimen, versus 49.1 mg for patients who received the multimodal regimen.

“This is the first demonstration of the effectiveness of a pre-emptive pain management protocol using pregabalin in urologic surgery,” said Edouard J. Trabulsi, M.D., associate professor of Urology at Jefferson Medical College of Thomas Jefferson University. “We think this study paves the way for new pain management protocols. Though a larger prospective study is necessary to accurately characterize the benefit of reducing opioids, it could have significant implications not only for robotic prostatectomy, but also other laparoscopic procedures and more painful surgeries.”

Dr. Trabulsi and colleagues from the Urology and Anesthesiology departments at Jefferson conducted a retrospective study of 60 patients, all undergoing robotic prostatectomy. Thirty of the patients received the multimodal pre-operative treatment and 30 previous patients received only the standard post-operative analgesic regimen.

The pre-operative treatment included pregabalin, acetaminophen and celecoxib given orally, two hours before the procedure, and continued post-operatively in combination with intravenous ketorolac. The standard post-operative analgesic regimen included intravenous ketorolac, without pregabalin or celecoxib. All patients received oxycodone as needed.

Importantly, in addition to the reduced opioid usage, patients who received the pre-operative regimen did not report any additional side effects. Although laparoscopic surgical techniques typically are associated with a reduction of postoperative pain, patients still require opioid analgesia. The side effects of opioid analgesics often hinder the benefits of laparoscopic surgery, with side effects that can include nausea, vomiting, a delay in the return of bowel function, ileus, respiratory depression, pruritus, urinary retention and altered sensorium.

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