

ISFAHAN UNIVERSITY OF MEDICAL SCIENCES SCHOOL OF MEDICINE ANESTHESIOLOGY DEPARTMENT

Thesis for obtaining the specialty degree in Anesthesiology

Title:

Comparison the effect of intravenous infusion ketorolac, paracetamol and parecoxib for postoperative pain in orthopedic lower limb surgery under spinal anesthesia

NUMBER: 393690

Author:

Dr. Ferial Hayati

Supervisors: Dr. Mehran Rezvani (Assistant Professor of Anesthesiology) Dr. Ahmad Yaraghi (Professor of Anesthesiology)

Sep 2015

Abstract

Background: Postoperative pain particularly for orthopedic surgery is one of the concerns of physicians since it causes patient dissatisfaction so this study aimed to compare the analgesic effect of intravenous infusion of ketorolac, paracetamol and parecoxib for postoperative pain in orthopedic lower limb surgery under spinal anesthesia.

Methods: This randomized double-blind clinical trial was done on 140 patients undergoing elective orthopedic surgery of lower extremities. There were 35 patients in each group. In parecoxib group,20 mg was infused in 20min and then 60mg of Paracoccib, In Ketorolac group, 15 mg Ketorolac was infused in 20min and then 45 mg of Ketorolac ,In Paracetamol group 500 mg Paracetamol was infused in 20min, and then 1500 mg of Paracetamol, In placebo group, infusion pump was filled with 100 ml of normal saline as well as the for all groups. The values of VAS, VRS, and the side effects were recorded. Data was analyzed by SPSS 22. using Chi-Square test, one-way ANOVA, and ANOVA.

Results: the mean of pain score was not significantly different among groups (P-value > 0.05). Between Paracetamol and placebo groups pain score was not significantly different. At hours 6 only the difference in the mean of pain between Parecoxib and placebo groups was significant. At hours 12 and 18, the mean of pain score in Parecoxib group was significantly lower than Paracetamol and placebo groups. At hours 24, the mean of pain score in Parecoxib and Ketorolac groups was significantly lower than placebo group.

Conclusion: parecoxib in conjunction with opioids can be used for postoperative pain management and morphine requirement can be reduced as ketorolac as and more than Paracetamol.

Keywords: ketorolac, paracetamol ,parecoxib, postoperative pain, orthopedic lower limb surgery

References:

- 1. Dolin SJ, Cashman JN, Bland JM. Effectiveness of acute postoperative pain management: Evidence from published data. Br J Anaesth 2002;89:409–23.
- Ng A, Temple A, Smith G, Emembolu J. Early analgesic effects of parecoxib versus ketorolac following laparoscopic sterilization: a randomized controlled trial. Br J Anaesth 2004;92:846–9.
- 3. Siribumrungwong K, Cheewakidakarn J, Tangtrakulwanich B, Nimmaanrat S. Comparing parecoxib and ketorolac as preemptive analgesia in patients undergoing posterior lumbar spinal fusion: a prospective randomized double-blinded placebocontrolled trial. BMC Musculoskelet Disord 2015 18;16:59. doi: 10.1186/s12891-015-0522-5.
- 4. Gehling M, Arndt C, Eberhart LH, Koch T, Krüger T, Wulf H. Postoperative analgesia with parecoxib, acetaminophen, and the combination of both: a randomized, double-blind, placebo-controlled trial in patients undergoing thyroid surgery. Br J Anaesth 2010;104(6):761-7.
- 5. Gupta K, Rastogi B, Gupta PK, Sharma D, Agarwal S, Rastogi A. Clinical evaluation of intravenous paracetamol versus Parecoxib for postoperative analgesia after general anesthesia. Anesth Essays Res 2012;6(1):42-6.
- De Oliveira GS Jr, Agarwal D, Benzon HT. Perioperative single dose ketorolac to prevent postoperative pain: a meta-analysis of randomized trials. Anesth Analg 2012;114(2):424-33.
- 7. Malan TP, Marsh G, Hakki SI, Grossman E, Traylor L, Hubbard RC. Parecoxib sodium, a parenteral cyclooxygenase 2 selective inhibitor, improves morphine

analgesia and is opioid-sparing following total hip arthroplasty. Anesthesiology 2003;98:950–6.

- Hubbard RC, Naumann TM, Traylor L, Dhadda S. Parecoxib sodium has opioidsparing effects in patients undergoing total knee arthroplasty under spinal anesthesia. Br J Anaesth 2003;90:166–72.
- Ng A, Smith G, Davidson AC. Analgesic effects of parecoxib following total abdominal hysterectomy. Br J Anaesth 2003;90:746-9
- Dolin SJ, Cashman JN, Bland JM. Effectiveness of acute postoperative pain management: Evidence from published data. Br J Anaesth 2002;89:409–23.
- Ng A, Temple A, Smith G, Emembolu J. Early analgesic effects of parecoxib versus ketorolac following laparoscopic sterilization: a randomized controlled trial. Br J Anaesth 2004;92:846–9.
- Siribumrungwong K, Cheewakidakarn J, Tangtrakulwanich B, Nimmaanrat S. Comparing parecoxib and ketorolac as preemptive analgesia in patients undergoing posterior lumbar spinal fusion: a prospective randomized double-blinded placebocontrolled trial. BMC Musculoskelet Disord 2015 18;16:59. doi: 10.1186/s12891-015-0522-5.
- 13. Gehling M, Arndt C, Eberhart LH, Koch T, Krüger T, Wulf H. Postoperative analgesia with parecoxib, acetaminophen, and the combination of both: a randomized, double-blind, placebo-controlled trial in patients undergoing thyroid surgery. Br J Anaesth 2010;104(6):761-7.
- 14. Gupta K, Rastogi B, Gupta PK, Sharma D, Agarwal S, Rastogi A. Clinical evaluation of intravenous paracetamol versus Parecoxib for postoperative analgesia after general anesthesia. Anesth Essays Res 2012;6(1):42-6.
- 15. De Oliveira GS Jr, Agarwal D, Benzon HT. Perioperative single dose ketorolac to prevent postoperative pain: a meta-analysis of randomized trials. Anesth Analg

2012;114(2):424-33. 16. Malan TP, Marsh G, Hakki SI, Grossman E, Traylor L, Hubbard RC. Parecoxib sodium, a parenteral cyclooxygenase 2 selective inhibitor, improves morphine analgesia and is opioid-sparing following total hip arthroplasty. Anesthesiology 2003;98:950–6.

17. Hubbard RC, Naumann TM, Traylor L, Dhadda S. Parecoxib sodium has opioid-sparing effects in patients undergoing total knee arthroplasty under spinal anesthesia. Br J Anaesth 2003;90:166–72.