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# Limited post-operative narcotic use in elective laparoscopic cholecystectomy

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## Purpose:

To limit narcotics use

Cochrane review: multiple studies have shown postoperative pain can be managed with non-narcotic meds with good outcome.

Less medication related side effects:N/V, constipation, disorientation

Prevents substance addiction/abuse

## Type of Study:

Randomized

Prospective study

Unblinded study

## Purpose:

To limit narcotics use

Cochrane review: multiple studies have shown postoperative pain can be managed with non-narcotic meds with good outcome.

Less medication related side effects:N/V, constipation, disorientation

Prevents substance addiction/abuse

## Study design:

Recruitment location :

Surgical care specialists,

Abington Surgical Associates

Site: Abington memorial Hospital

Subject Recruitment : preop visit

No incentives

## Criteria:

### Inclusion criteria:

Age:20-95

Elective Laprascopic cholecystectomy

### Exclusion criteria:

Chronic renal failure(cr>1.3)

Chronic pain issues

True narcotic allergies (anaphylaxis, respiratory distress, urticaria)

Complicated medical course (intra-operative complication or problems with anesthesia)

Complicated course ( pchole tube ; abscess)

Requiring inpatient stay

## Two groups (Randomized)

### Control Group (standard narcotics):

1. Local anesthesia - OR "TAP" block
2. Ketorolac 30 mg IV once postop
3. Acetaminophen 650 mg PO Q4h prn for mild pain (Max 4000 mg Daily)
4. Percocet 5/325 mg, 1-2 tabs PO Q4-6h prn for moderate-severe pain (Dispense 30 Tabs), not to exceed 4000 mg Acetaminophen daily when combined with prn Acetaminophen

### Experimental Group (minimal narcotics):

1. Local anesthesia - OR "TAP" block
2. Ketorolac 30 mg IV once post-op
3. Scheduled Acetaminophen 975mg (3tabs x 325mg) PO Q6h (Max 4000 mg Daily) to start in phase 2 recovery room
4. Alternate w/ scheduled Ibuprofen 600 mg PO Q6h (Max 3200 mg Daily) to start 3 hours after acetaminophen dose
5. **Oxycodone IR 5mg PO Q4h for breakthrough pain (Dispense limited supply, e.g. 10 tabs)**

“TAP” Block: Peripheral nerve **block** in Transverse Abdominis Plane

## Post op visit(2 weeks):

Short Questionarre : post operative experience

Post operative outcome:

Number of narcotic pills used

Degree of pain control achieved

Patient satisfaction with pain control

Narcotic-related side effects

Time to return to work

## Statistical Analysis:

Chi Square Analysis: All categorical variable

Analysis of Variance: All continuous variable

P-value set as <0.005

Sample size: 300

## Conclusion:

Study is IRB Approved

Implementation and recruitment: In progress

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