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

Criteria:

Inclusion criteria:
Age: 20-95
Elective Laparoscopic 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 Questionnaire: 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

Reference: