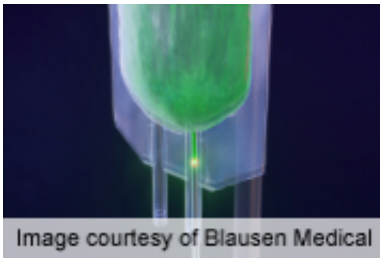


IV acetaminophen eases post-spinal op pain for children

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Children and adolescents given intravenously-administered acetaminophen after major spine surgery have significantly less postoperative pain, compared with those given placebo, but administration of acetaminophen does not reduce the need for opioids, according to a study published in the Sept. 15 issue of *Spine*.

(HealthDay)—Children and adolescents given intravenously (IV)-administered acetaminophen after major spine surgery have significantly less postoperative pain, compared with those given placebo, but administration of acetaminophen does not reduce the need for opioids, according to a study published in the Sept. 15 issue of *Spine*.

Arja Hiller, M.D., Ph.D., of the University of Helsinki, and associates conducted a randomized double-blind study involving 36 patients aged 10 to 18 years who underwent surgery for idiopathic scoliosis or spondylolisthesis. Participants were given IV-administered 30 mg/kg acetaminophen or 0.9 percent [sodium chloride](#) at the end of surgery and twice at eight-hour intervals thereafter. The effectiveness on

postoperative analgesia, opioid consumption, and acetaminophen concentration was examined.

During a 24-hour follow-up, the researchers found that 39 percent of patients in the acetaminophen group had a visual analog scale (VAS) [pain score](#) of 6 or more, compared with 72 percent in the placebo group. Patients in the acetaminophen group experienced significantly fewer hours with a VAS score of 6 or more compared with the [placebo group](#) (8.7 versus 17.8 percent of hours). There was no between-group difference in the consumption of oxycodone in the 24-hour follow-up.

"IV-administered acetaminophen 90 mg/kg in 24 hours adjuvant to oxycodone provided better analgesia than placebo, but did not diminish oxycodone consumption after major spine surgery in children and adolescents," the authors write.

One or more of the authors disclosed [financial ties](#) to a commercial entity associated with the research.

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