

Opioids plus acetaminophen, ketorolac cost-effective post-Sx

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(HealthDay)—Intravenous acetaminophen with or without ketorolac is

associated with reduced opioid consumption and cost of care after scoliosis surgery in adolescents, compared with opioids alone, according to a study published online Jan. 29 in *Pediatric Anesthesia*.

Vidya Chidambaran, M.D., from the Cincinnati Children's Hospital Medical Center, and colleagues modeled the cost-effectiveness of adding acetaminophen or acetaminophen plus ketorolac to opioids for postoperative outcomes in children having [scoliosis surgery](#). Out of 106 post-surgical children, 36 received only opioids, 26 received intravenous acetaminophen, and 44 received acetaminophen plus ketorolac as analgesia adjuncts.

The researchers found that subjects in the intravenous acetaminophen plus ketorolac strategy consumed fewer opioids (difference in mean morphine consumption on days one and two post-surgery, -0.44 mg/kg), tolerated meals earlier (relative risk [RR], 0.25), and had less constipation (RR, 0.226) compared to patients receiving opioids only. In base-case analysis, use of opioids alone was both most costly and least effective, while opioids plus intravenous acetaminophen was intermediate in both cost and effectiveness, and opioids plus intravenous acetaminophen and ketorolac was the least expensive and most effective strategy. Adding intravenous acetaminophen with or without ketorolac to an [opioid](#)-only strategy resulted in savings of \$510 to \$947 per patient undergoing spine surgery and also resulted in decreased opioid side effects.

"Generalizing our results to the 38,000 spine fusions performed annually in the United States for patients with [idiopathic scoliosis](#), using pain adjuncts IV [acetaminophen](#) and [ketorolac](#) could result in substantial cost savings," the authors write.

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