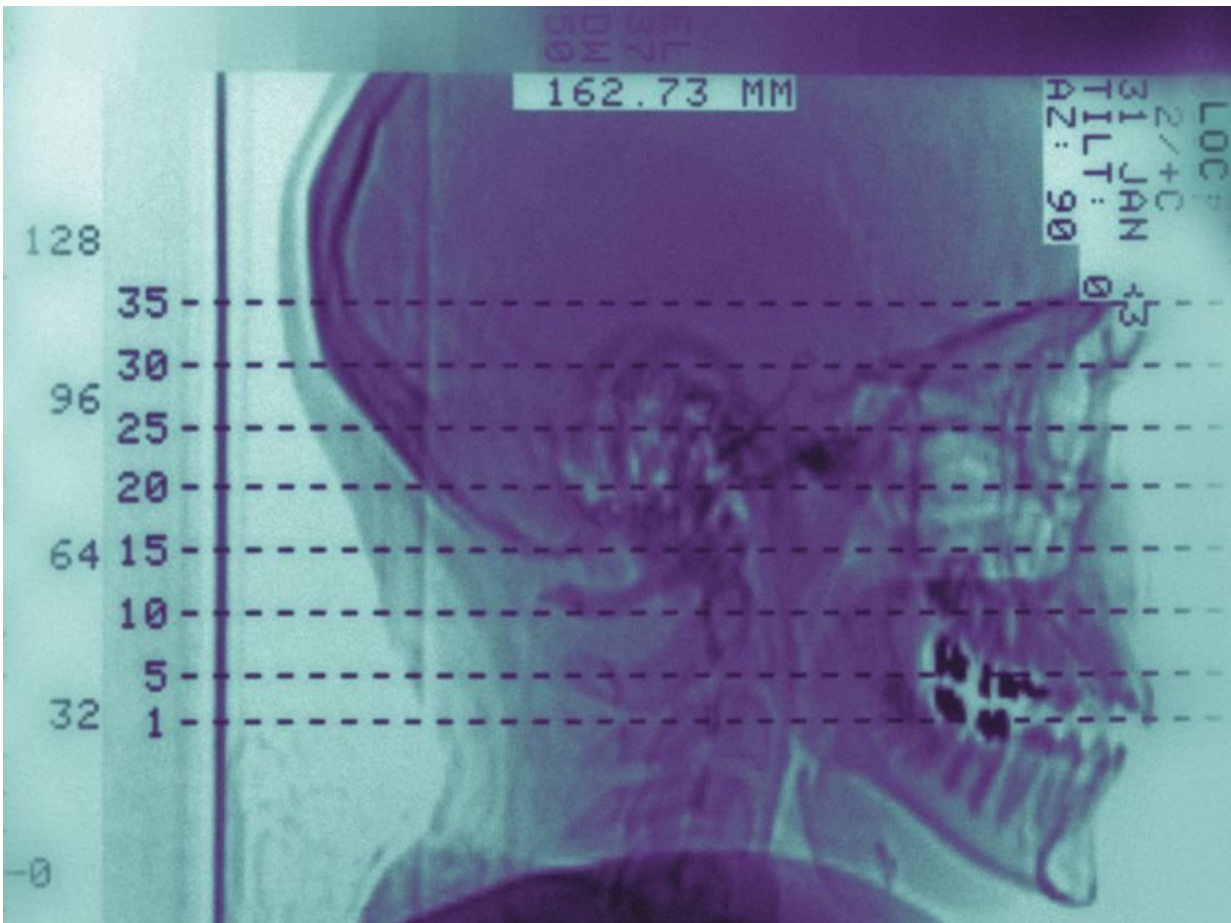


Celecoxib lowers opioid use post head and neck cancer surgery

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(HealthDay)—For patients undergoing head and neck cancer (HNC)

surgery, perioperative use of celecoxib is associated with reduced use of opioids after surgery, according to a study published online April 18 in *JAMA Otolaryngology-Head & Neck Surgery*.

Patrick S. Carpenter, M.D., from the University of Utah School of Medicine in Salt Lake City, and colleagues conducted a retrospective matched-cohort study of 147 patients who had undergone HNC surgery with free tissue reconstruction. Patients were grouped according to whether celecoxib had been used perioperatively or not; 102 patients (51 celecoxib, 51 control) met the inclusion criteria.

The researchers observed a correlation for celecoxib treatment in the postoperative setting with decreased mean use of opioids in oral, intravenous (IV), and total amount of morphine equivalents per day (mean difference, 9.9, 3.9, and 14 mg/day, respectively). The effect was more significant when patients were matched to surgical procedure. Among patients who underwent composite oral resection, decreased opioid use in oral, IV, and total amounts was seen for those in the celecoxib group versus [patients](#) in the control group (mean difference, 25, 3.4, and 28.4 mg/day, respectively). Complication rates did not differ significantly between the groups.

"Use of celecoxib after head and [neck cancer](#) surgery and reconstruction with free tissue transfer was associated with a decrease in oral, IV, and total opioid requirements without increasing surgical or flap-related complications," the authors write.

More information: [Abstract/Full Text](#)

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