Ibuprofen better choice over oral morphine for pain relief in children after minor surgery

October 10 2017

Generic ibuprofen. Credit: Wikipedia

Widely available ibuprofen is a better choice for pain relief in children who have undergone minor orthopedic outpatient surgery, as it has fewer adverse effects compared with oral morphine, according to results from

a clinical trial published in *CMAJ* (*Canadian Medical Association Journal*).

"This result suggests that adequate pain management should be an important goal of care, even after minor outpatient surgery, and that more effective pharmacologic and nonpharmacologic strategies should be explored," writes Dr. Naveen Poonai, Clinician Scientist, Lawson Health Research Institute, and Associate Professor, Emergency Medicine, Department of Paediatrics, Schulich School of Medicine & Dentistry, Western University, with coauthors.

The study included 154 children aged 5 to 17 years who underwent minor orthopedic surgery, such as keyhole surgery on joints, ligament and tendon repair, suture or hardware removal at London Health Sciences Centre in London, Ontario.

In the first 24 hours, more than 80% of the children in the study needed pain relief at home. Pain scores for children in both the oral morphine and ibuprofen groups were similar, but the children receiving oral morphine reported more adverse effects, such as nausea, vomiting, drowsiness, dizziness and constipation.

"Morphine did not provide superior analgesia, but was associated with significantly more adverse effects, making ibuprofen a better analgesic option," write the authors.

They note that as neither treatment completely relieved pain, more research is needed into effective pain relief, especially for more severe pain.

Oral morphine use at home has not been previously studied in children who have had minor surgery nor has it been compared with ibuprofen.

Medical Xpress

More information: Naveen Poonai et al. Oral morphine versus ibuprofen administered at home for postoperative orthopedic pain in children: a randomized controlled trial, *Canadian Medical Association Journal* (2017). DOI: 10.1503/cmaj.170017

Provided by Canadian Medical Association Journal

Citation: Ibuprofen better choice over oral morphine for pain relief in children after minor surgery (2017, October 10) retrieved 26 April 2024 from https://medicalxpress.com/news/2017-10-ibuprofen-choice-oral-morphine-pain.html

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