IV acetaminophen minimally helpful for colectomy pain

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(HealthDay)—Intravenous acetaminophen does not decrease opioid utilization to a clinically significant threshold among colectomy patients, according to a study published in the July issue of *Anesthesiology*.

Isaac Wasserman, M.P.H., from the Icahn School of Medicine at Mount Sinai in New York City, and colleagues used national claims data from open colectomy patients (Premier Healthcare Database; 2011 to 2016; 181,640 patients at 602 hospitals) to assess oral and intravenous acetaminophen use on the day of surgery, postoperative day one, or later. Associations between intravenous or oral acetaminophen and opioid utilization and opioid-related adverse effects were evaluated.

The researchers found that 25.1 percent of patients received intravenous acetaminophen, with 48.0 percent of these patients receiving one dose on the day of surgery. More than one dose of intravenous acetaminophen on postoperative day one was associated with lower opioid utilization (?12.4 percent) versus non-use, while an even stronger reduction was seen in those receiving more than one oral acetaminophen dose (?22.6 percent). Differences in intravenous acetaminophen were less pronounced than oral on the day of surgery (?8.0 percent), which was statistically, but not clinically, significant. Similar outcome patterns were seen for opioid-related adverse effects.

"It is important that we identify optimal dosing strategies and patients that are most likely to benefit from this relatively new drug. Especially among patients undergoing colorectal surgery, there may be a group of patients that do not tolerate oral medications," coauthor Jashvant Poeran, M.D., Ph.D., also of the Icahn School of Medicine at Mount Sinai, said in a statement. "This may be less of an issue among patients undergoing other types of surgery, such as hip and knee replacement surgery, and these results further emphasize a more targeted approach in determining who benefits most."

More information: Abstract/Full Text