Opioid-Reducing Multimodal Pain Management Following Total Knee Arthroplasty (TKA)

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INTRODUCTION:

Multimodal analgesia, which targets numerous pain pathways, is now the standard of care to reduce opioid consumption while controlling pain after TKA. The purpose of this retrospective cohort study was to compare opioid use, among patients that all received a multimodal analgesia protocol aimed at significantly reducing postoperative opioid use, during the first 12 weeks following TKA between patients that either automatically received an opioid prescription at time of discharge or were only provided an opioid prescription upon the patient's request following discharge.

METHODS:

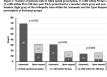
A single orthopedic surgeon performed 144 consecutive unliteral primary TKAs first using an automatic discharge opioid prescription (n=72) and subsequently an opioid prescription only after requesting it from the attending physician (n=72). In all cases, the multimodal analgesia protocol consisted of preoperative cryoneurolysis, perioperative pregabalin, celecoxib, acetaminophen, neuraxial (spinal) anesthesia, regional peripheral nerve blocks, and intraoperative periarticular infiltration of 0.25% bupivacaine hydrochloride.

Variables included Knee Injury and Osteoarthritis Outcome Score (KOOS) and the patient-reported outcomes measurement information system (PROMIS) pain intensity and pain interference scales assessed at 2 and 12 weeks, opioid naïve (no opioid prescriptions in 3 months before TKA) versus opioid experienced (≥1 opioid prescription in 3 months before TKA) status, number of initial and refill opioid prescriptions written 12 weeks after TKA, morphine milligram equivalents (MME) per prescription MME and total MME 12 weeks after TKA, and provider who wrote the opioid prescription. Opioid data were obtained from a statewide prescription monitoring program. RESULTS:

Demographics (except age and insurance type) and preoperative KOOS/PROMIS scores were similar between groups. Requiring patients to request an opioid prescription upon after TKA discharge was associated with a lower percentage of patients receiving ≥1 initial opioid prescription (44.4% vs 95.8%, p<0.0001) and ≥1 refill opioid prescription (25.0% vs 43.1%, p=0.022) without negatively affecting KOOS/PROMIS scores at 2 and 12 weeks.

DISCUSSION AND CONCLUSION:

Requiring patients to request opioid prescriptions after TKA discharge was associated with significantly lower opioid prescribing without increasing self-reported pain 12 weeks after TKA compared with automatic opioid prescribing.



Characteristic	Automatic (ne/22)	Upon Request (n=72)	P value	Outcome*	Automatic (m=72)	Upon Request (n=72)	P
Sex. % (b)	01.10	0	0.469	90 days Proscriptions in all patients			
Male	33.3 (24)	27.8 (20)		≥1 filled opioid prescription, % (n)	95.8 (69)	44.4 (32)	- 40
Fernale	66.7 (48)	72.2 (52)		No. of prescriptions (n=101)	1 (1 - 8)	2 (1-8)	
Sect. N (e)	een (my	1000 (100)	0.757	First prescription MME (n=101)	270 (105 - 1,260)	140 (50 - 2,700)	
Wark or African American	37.5 (27)	33.3 (24)	6427	Total MME (u+101)	315 (105 - 3,485)	253 (70 - 16,560)	
White or Concesion	54.2 (39)	63.9 (46)		90 days Refill Prescriptions in all patient			
Other	\$3 (6)	2.8 (2)		≥1 refill, % (a)	43.1 (31)	25.0 (18)	
neuronce type, % (n)	8.3 (0)	2.8 (2)	0.004	No. of refills (#=50)	2 (1 - 7)	3 (1 - 6)	
Private	36.1 (27)	45.8 (33)	0.004	MME (p=50)	360 (90 - 3,275)	455 (105 - 13,860)	- 1
Private Medicare				90 - 180 days Refd] Prescriptions in all	nationes		
Medicare Medicaid	18.0 (13)	9.7 (7)		21 refil. % (n)	19.4 (14)	22.2 (16)	
				No. of refills (a=50)	2 (1-5)	3 (1 - 5)	
Medicare Advantage	34.7 (25)	22.2 (16)		MME 09:500	345 (54 - 2,520)	870 (45 - 11,340)	
Other	5.6 (3)	0 (0)		90 days All Prescriptions in naive			
alignes-Lawrence grade,% (a)			0.127	patients	56	50	
2	0 (0)	1.4(1)		>1 filled opioid proscription, % (n)	94.6 (53)	28.0 (14)	- 0
3	5.6 (4)	13.9 (10)		No. of prescriptions (n=87)	1(1-8)	1(1-7)	- 1
4	94.7 (67)	84.7 (61)		First prescription MME (n=87)	220 (105 - 1.260)	123.060 - 6300	
atentity, % (e)			0.719	Total MME (n=87)	315 (105 - 1,720)	140 (70 - 3.535)	- 7
Right	45.8 (33)	48.6 (35)		90 days Refill Prescriptions in naive pair		140 (34 - 3,333)	
Left	54.2 (39)	51.4 (37)		>1 ref(), % (n)	33.9 (19)	10.0 (5)	
brigid naive, % (a)	77.8 (56)	69.4 (50)	0.257	No. of refills (w-24)	10-7	3(1:6)	- 1
Controlatoral surgery			0.228	MME (p=24)	239 (90 - 1,665)	355 (105 - 2,905)	- 1
No.	79.2 (57)	90.3 (65)	6.128	90 - 180 days Refal Proscriptions in sail	210 (90 - 1,000)	333 (105 - 2,965)	
Within 6 months	6.9(5)	2.8 (2)		21 refil, % (n)	14.3 (8)	4.0 (2)	
After 6 rearths	13.9 (10)	6.9 (5)		No. of refile (n=24)	5(1-7)	3 (1 - 5)	- 1
age (years), mean (SD)	69.5 (7.5)	65.2 (9.4)	0.004		263 (54 - 1,060)		- 1
ige (years), mean (50) BMI (kg/m²), mean (SD)	33.9 (6.4)	32.5 (6.0)	0.165	MME (or 24) 90 days All Prescriptions in non-native		896 (113 - 1,500)	_
Sour (kg/m²), mean (507) Sverall deformity (*), mean (SD)	9.0 (4.9)	8.9 (5.5)	0.921		16	22	
	30 (4.9)	89 (5.5)	0.921	particets		818 (18)	
(006, mean (5D)				≥1 filled opioid prescription, % (n)	100 (16)		- 1
Pois	36.3 (20.4)	33.8 (20.1)	0.475	No. of prescriptions (n=34)	3 (1-7)	2.5 (1-8)	
Symptoms	40.6 (21.5)	37.4 (20.8)	0.364	First prescription MME (n=34)	240 (150 - 630)	150 (50 - 2,700)	-
ADL	39.3 (22.4)	36.8 (21.4)	0.497	Total MME (u=54)	570 (105 - 3,485)	490 (70 - 16,560)	- 1
QOL.	19.5 (16.6)	19.5 (20.0)	0.960	90 days Refill Prescriptions in non-ealwa	patients		
ROMIS-29, mean (SD)				≥1 refill, % (n)	75.0 (12)	59.1 (13)	
Pain Interference	65.0 (9.1)	66.0 (6.9)	0.465	No. of refills (#*26)	3 (1 - 6)	3 (1 - 7)	- 1
Pain	7.1 (2.2)	7.5 (2.3)	0.285	MME (n=26)	435 (100 - 3,275)	900 (140 - 13,860)	
OL - activities of daily living; Bh	dI – body mass	index; CCI =Charl-	on comorbidity index;	90 - 180 days Refill Proscriptions in nor			
OOS - Knee injury and Ostgoard	ritis Outcome !	core: PROMIS = P	atient-Reported Outcomes	≥1 refill, % (n)	37.5 (6)	63.6 (14)	
essurement Information System;	OOL - molity	of life: SD = stands	of deviation	No. of refills (n=26)	2 (1-3)	3 (1-5)	
				*All values are median (mase) unless of	638 (100 - 2,520)	870 (45 - 11,340)	

	Automatic	Request (n=72)	Fixed effects			
Outcome*	(n=72)		Greep	Time	Greap*Tim	
KOOS			p-value			
Pain	57.4 (1.8)	53.9 (2.25	0.226	<0.0001	0.490	
Symptoms	53.0 (1.7)	56.6 (2.0)	0.864	<0.0001	0.031	
ADC	61.7 (1.9)	58.5 (2.2)	0.230	<0.0001	0.890	
OOL	40.2 (2.0)	38.7 (2.4)	0.635	<0.0001	0.075	
PROMIS-29						
Pain Interference	59.3 (0.9)	60.9 (0.9)	0.294	<0.0001	0.683	

Outcome*		Automatic	Upon Request	P value
KOOS Pain				
2 weeks	92	48.2 (2.6)	46.7 (2.8)	0.712
12 weeks	84	66.6 (3.6)	61.1 (3.3)	0.191
KOOS Symptoms				
2 weeks	93	48.6 (2.4)	53.9 (2.6)	0.139
12 weeks	84	65.5 (2.4)	59.3 (3.1)	0.113
KOOS ADL				
2 weeks	91	53.5 (2.7)	50.6 (2.9)	0.482
12 weeks	85	69.9 (2.6)	66.3 (3.3)	0.393
KOOS QOL				
2 weeks	90	30.6 (2.9)	34.8 (3.1)	0.335
12 weeks	83	49.9 (2.8)	42.7 (3.7)	0.123
PROMIS-29				
Pain Interference				
2 weeks	82	63.2 (1.3)	65.5 (1.2)	0.199
12 weeks	29	55.4 (1.2)	56.4 (1.4)	0.600
Pain Intensity				
2 weeks	88	5.4 (0.4)	5.9 (0.4)	0.352
12 weeks	83	3.8 (9.4)	3.6 (0.4)	0.676