## Second Dose of Dexamethasone Reduces Postoperative Opioid Consumption, Pain, and Length of Stay in Primary Total Knee Arthroplasty

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INTRODUCTION:

The optimal administration of dexamethasone for postoperative pain management and recovery following primary, elective total knee arthroplasty (TKA) remains unclear. This study aimed to evaluate the effect of a second intravenous (IV) dose of dexamethasone on postoperative pain scores, inpatient opioid consumption, and functional recovery after TKA.

## METHODS:

A retrospective review of 1,951 patients who underwent primary elective TKA between May 2020 and April 2021 was conducted. A total of 399 patients who received two perioperative doses (2D) of dexamethasone 10 mg IV were propensity-matched 1:1 to a control group of 399 patients who received one perioperative dose (1D) of dexamethasone 10 mg IV. To assess the primary outcome of opiate consumption, nursing documented opiate administration events were converted into morphine milligram equivalences (MMEs) for consecutive 24-hour postoperative intervals. Postoperative pain and functional status were also assessed using the Verbal Rating Scale (VRS) for pain and the Activity Measure for Post-Acute Care (AM-PAC) scores, respectively.

**RESULTS:** 

A total of 798 patients were included in the analysis (1D = 399, 2D = 399). Compared to the 1D control group, the 2D group demonstrated significantly lower overall inpatient opiate consumption ( $33.4\pm59.3$  vs.  $54.2\pm119.0$  MME; 38.4% decrease, p=0.004) and lower VRS pain scores at 36-48 hours ( $4.70\pm2.03$  vs.  $5.27\pm1.84$ ; p=0.021) and 48-60 hours ( $4.71\pm2.07$  vs.  $5.50\pm2.08$ ; p= 0.020) postoperatively. The 2D cohort also had shorter hospital length of stay ( $1.61\pm1.21$  vs.  $1.87\pm2.34$  days; p= 0.048) than the 1D control group. AM-PAC scores did not significantly differ between cohorts.

## DISCUSSION AND CONCLUSION:

The administration of a second perioperative dexamethasone dose significantly decreased opioid consumption in the immediate postoperative period. Length of stay and inpatient opioid administration can be significantly reduced while maintaining a comparable functional recovery and superior pain control

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Table 1. Demographic data for unmatched and match cohorts Unmatched Cohorts Mitched Cohorts	Table 2. Verbal Rating Scale pain scores during 12-hour postoperative intervals One Door (N = 399) Two Doors (N = 399) Percent Change (N) P-value	Table 3. Average opiate administration in morphine milligram optivalents during 24-hour partaporative intervals.	Table 6. Average activity measure for post-acute care scores within 24 hours of precedure completion <sup>1</sup>	Table 5. Clinical entronnes of included patients	-
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