Effects of A Second Dose of Dexamethasone on Postoperative Glycemic Control in Diabetic Patients Following Primary Total Knee Arthroplasty

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Perioperative glucocorticoid administration has been shown to decrease postoperative pain and nausea. However, there is concern regarding the effects of glucocorticoids on perioperative glucose control in diabetic patients. This study aimed to evaluate the effect of two, intravenous perioperative (IV) doses of dexamethasone on glucose levels, pain scores, and inpatient opioid consumption after total knee arthroplasty (TKA). METHODS:

A retrospective review of 953 diabetic patients who underwent primary elective TKA between 2020 and 2021. A total of 609 patients who received two perioperative doses (2D) of IV dexamethasone 10mg were compared to a control group of 344 patients who received one perioperative dose (1D). Postoperative glucose levels were assessed in 12-hour intervals. Nursing documented opiate administration events were converted into morphine milligram equivalents (MMEs) for consecutive 24-hour postoperative intervals. Postoperative pain was assessed using the Verbal Rating Scale (VRS) for pain.

RESULTS:

The 2D group demonstrated significantly higher glucose levels at 24-36 hours (172.81 ± 47.88 vs. 153.45 ± 36.92 ; p<0.001), 36-48 hours (172.81 ± 47.88 vs. 143.38 ± 35.42 ; p<0.001), 48-60 hours (164.57 ± 42.75 vs. 152.46 ± 40.10 ; p=0.012) postoperatively. Similarly, maximum blood glucose levels were higher in the 2D group at 24-36 hours (189.12 ± 57.15 vs. 168.50 ± 46.37 ; p<0.001), 36-48 hours (171.03 ± 49.89 vs. 152.13 ± 43.91 ; p<0.001, and 48-60 hours (179.41 ± 51.54 vs. 168.01 ± 48.99 ; p=0.0039) postoperatively. Additionally, the 2D group had significantly lower overall opiate consumption (52.20 ± 105.69 vs. 84.86 ± 133.36 MME; 38.49% decrease, p=0.026) postoperatively. Lastly, there was no significant difference in VRS pain scores, infection rates, delayed wound healing, or any other complications within the 90-day postoperative period.

DISCUSSION AND CONCLUSION:

Administration of a second perioperative of dexamethasone to diabetic patients was associated with an increase in postoperative blood glucose levels. While the risks of this observed effect in diabetic patients may not outweigh the clinical benefits of a second perioperative dose of glucocorticoids, these patients should be carefully monitored for uncontrolled glucose levels postoperatively.

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