A Non-opioid Multimodal Pain Protocol Achieves Equivalent Pain Control After Total Shoulder Arthroplasty: A Randomized-Controlled Trial

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INTRODUCTION: Orthopaedic surgeons are among the highest prescribers of opioid medications. Significant effort has been made to curtail the number of opioids prescribed through improved awareness of opioid stewardship and the development of multimodal pain management protocols. However, there remains a paucity of prospective data demonstrating the efficacy of a non-opioid protocol after total shoulder arthroplasty. The aim of this study was to evaluate the efficacy of a postoperative non-opioid multimodal pain protocol compared to an opioid protocol in terms of patient opioid utilization, postoperative pain control, and adverse effects for patients who underwent shoulder arthroplasty.

METHODS: We performed a prospective, randomized controlled trial including patients undergoing anatomic or reverse total shoulder arthroplasty. Patients were excluded if they underwent revision surgery, fracture, or received opioids within 3 months of surgery. All patients received standardized preoperative analgesic medications, general anesthesia, and an intraoperative periarticular injection without a regional block. Patients were randomly assigned to a postoperative non-opioid multimodal pain protocol or an opioid protocol containing 28 tablets of 5mg oxycodone in addition to the multimodal regimen. Patients completed visual analog scale (VAS) pain and Patient-Reported Outcomes Measurement Information System (PROMIS) Pain Interference (PI) surveys, and were queried for opioid usage and recorded adverse effects of medications for 10 days postoperatively. An intention-to-treat analysis was performed.

RESULTS: A total of 74 patients were enrolled and included in the analysis with 37 in each cohort. There were no significant differences in VAS pain (2.1 ± 1.9 multimodal vs. 2.5 ± 1.8 opioid; P > 0.05) or PROMIS-PI scores (60.4 ± 7.7 multimodal vs. 60.4 opioid ± 6.7; P > 0.05) between treatment groups at 10-days postoperatively. The morphine milligram equivalents (MME) consumed between discharge and 10 days postoperatively for the opioid group was 32.9 ± 49.1 compared to 2.4 ± 6.9 for the non-opioid group (P < 0.001). Constipation (52.9% [18/34] multimodal vs. 72.2% [26/36] opioid) and drowsiness were the most commonly reported medication side effects by both cohorts, although there were no significant differences in the duration of side effects or the number of days without any side effects (P > 0.05) reported by a patient between treatment groups. The total number of medication side effects reported during the 10-day postoperative period were also analyzed. Constipation was more prevalent in the opioid cohort (76 vs. 48, P = .011) compared to the multimodal cohort. Age, sex, race, and body mass index were all similar between both treatment groups.

DISCUSSION AND CONCLUSION: A non-opioid multimodal pain protocol is safe and achieves similar pain control with
significantly reduced MMEs consumed after shoulder arthroplasty.

	MEAN VAS SCORE VS										Pain level and MME at 10-days Postoperatively					
		POSTOPERATIVE DAY											Opioid Group (n=37)	Multimodal Group (n=37)	P - Value	
	3.5										VAS	2.5 ± 1.8	2.2 ± 1.9	.426		
												PROMIS-PI	60.4±6.7	60.4 ± 7.7	.976	
2	3 -	~										MME	32.9 ± 49.1	2.4 ± 6.9	< .001*	
MEAN VAS SO	2.5 - 2 - 1.5 - 1 - 0.5 -	PODI	PODZ	FODI		PODS		<	PODI	PODS	PODIO	* indicates a	significant P – value (< .	05).		
Non-Op	ploid	3.1	2.4	2.2	2	2.1	2.3	2	2	2	2					
Opioid		3.2	2.5	2.1	2.2	2.1	2	2.3	2.2	2	2.1					
			POS	TOP	PER/		E D	AY								

cc	ons	su	me	d			after		
Notication Side	Response	Optical Optical Encode	Hattreedal	P-1004	Duration, days, Optool Encur	Duration, days, Multimodal 97040	P-160	Total Number of Side	Effects by
Constipution	Yes	28(72.0)	18 (52.8)	.895	21+22	1.4+1.7	.343	the design of the design of	
	No	18 (22.0)	15(47.1)					Pitrimetal Group	40
Nausaa	1048	2(18.4)	9(17.2)	.642	8.2+0.6	0.4+1.0	.434	Opioid Group	- 76
	790	29 (83.6)	28 (42.3)					P - Value	011*
Clarkes	Yes	4(11.70	6(17.6)	.435	8.1+0.3	03+88	229	Mail and second and an e-	
	The later	00,000,00	33 (61.4)					KANES PERMITEN AS IN	
Upset stomach	Yes	12(00.0)	(2.02) 0	.364	8.0+1.7	0.5+1.4	.615	 indicates a significa 	IK P - KKU
	No	24(66.7)	26(25.5)						
Encurry	1044	22 (01.1)	21 (41.8)	.855	2.2+2.8	2.1+2.8	310		
	760	14(08.8)	13 (58.2)						
Loopy	Tes	7(19.4)	9 (35.3)	.454	£6+1.7	0.3 + 1.3	.943		
	200	29 (53.6)	25 (173.8)						

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