

Comparison of an Opioid-Free Pain Regimen to an Opioid-Containing Regimen in Elective Outpatient Bunion and Forefoot Surgery

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INTRODUCTION:

Multimodal, opioid-free regimens for postoperative pain have been increasing in popularity due to concerns regarding the current opioid crisis. Despite their increased popularity, there is limited evidence regarding the effectiveness of these regimens for outpatient foot and ankle procedures. This study looks to compare a multimodal, opioid-free pain control regimen to a historical opioid regimen in patients undergoing elective, outpatient foot and ankle procedures.

METHODS:

Data was collected prospectively in patients undergoing elective outpatient foot and ankle procedures who were utilizing an opioid-containing regimen from October 2018 to February 2020 to a multimodal pain regimen from December 2020 to June 2022 at a single academic institution. Demographic information, VAS pain scores, satisfaction rating, and rescue opioid medication use were recorded. Continuous data was compared using the Wilcoxon Rank Sum test. A multivariable linear regression analysis was utilized to determine factors influencing a patient's VAS pain scores at two weeks postoperatively when controlling for confounding variables. All $P < 0.05$ were considered significant.

RESULTS:

A total of 41 patients were included in the opioid-free multimodal regimen group and 59 in the opioid-containing group. There was no significant difference between the multimodal group and opioid group in VAS pain score at two weeks postoperatively (1.4 vs 1.0, $P=0.26$). Patients in the multimodal group had an 88% satisfaction rating. 17% required rescue opioid medications. Multivariable analysis demonstrated utilization of the multimodal pain regimen did not significantly influence VAS scores at two weeks postoperatively when controlling for confounding variables ($P=0.06$).

DISCUSSION AND CONCLUSION:

Our multimodal, opioid-free pain control regimen demonstrated similar effectiveness, with high satisfaction and low rescue opioid use, as an opioid-containing regimen in patients undergoing elective outpatient foot and ankle procedures. These findings demonstrate this multimodal pain regimen is effective at controlling postoperative pain in patients undergoing elective outpatient foot and ankle procedures.