Schedule II Narcotics Are Unnecessary for Pain Control in Patients With Pelvic or Acetabular Fractures

Soumitra Lele MS*; Benjamin Randolph Childs BS; Isaac Fernandez MD; Michael Reich MD; Mai P Nguyen MD*
TTUHSC, El Paso, TX, United States

Purpose: Overutilization of Schedule II opioid analgesics in postoperative orthopaedic trauma patients has likely contributed to the opioid epidemic. We hypothesized that a multimodal pain regimen without Schedule II narcotics would effectively control postoperative pain for trauma patients with pelvic and acetabular fractures.

Methods: This was a retrospective review of operatively managed pelvic (OTA 61B or C) and acetabular fractures (OTA 62A, 62B or C) between October 2016 and October 2018. All patients received personalized, one-on-one training by an orthopaedic nurse practitioner regarding their postoperative rehabilitation course and pain expectations. Our standard postoperative pain regimen at discharge included acetaminophen with codeine or tramadol, as well as pregabalin or gabapentin, baclofen or cyclobenzaprine, and a nonsteroidal anti-inflammatory drug (NSAID). If pain was not adequately controlled, then a Schedule II narcotic was utilized. Discharge medications, emergency department (ED) visits, and Visual Analog Pain Scale (VAS) were recorded.

Results: Overall, 81 out of 92 patients (88.0%) had pain controlled without Schedule II narcotics or ED presentation. Of 92 patients, 4 (4.3%) were discharged with a Schedule II narcotic. On follow-up, 2 patients (2.3%) required delayed prescription of a Schedule II narcotic and 5 (5.4%) presented to the ED for pain control. There were no readmissions for pain. The mean VAS score was 3.9 ± 3.7 in the first 30 days, 2.8 ± 3.3 at 31 to 60 days, and 2.3 ± 3.2 at greater than 60 to 90 days after discharge.

Conclusion: Multimodal, opioid-sparing, pain control regimens without Schedule II narcotics in the immediate postoperative period were effective in managing pain in 88% of our patients with pelvic or acetabular fractures. Continued optimization of this strategy with additional education and pain management adjuncts warrant further research.