EVALUATION OF PREGABALIN ADMINISTRATION PERIOPERATIVELY IN PAIN MANAGEMENT OF PATIENTS UNDERGOING HIP ARTHROPLASTY

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Background and Aims

Goal of this study was to evaluate postoperative pain using pregabalin in patients undergoing hip arthroplasty,

Methods

56 patients scheduled to total hip replacement, were studied. Patients were assigned into two groups (group A: 28 patients (8 male, 13 female) who were receiving pregabalin (100-300 mg per os) for at least two months preoperatively in a regular basis for their pain management, due to hip osteoarthritis, and group B (control): 28 patients (13 male, 15 female), of similar age and weight of group A who were receiving conventional pain killers for their condition preoperatively. In both groups' patients postoperatively the same analgesic protocol was applied: paracetamol 1 gr iv x 4, parecoxib 40mg x 2, and tramadol 50mg iv prn. Group A patients continued their pregabalin consumption, as preoperatively. Pain scores every 12 hrs during day of surgery and 3 first postoperative days, tramadol consumption in both groups and complications or side effects, were recorded.

Results

Pain according to 1-10 VAS scale, was lower ($p < 0.001$) in group A patients at all times of measurement (1.8 ± 0.6 vs 3.6 ± 0.8 , 1.6 ± 0.3 vs 2.9 ± 0.3 , 1.9 ± 0.4 vs 2.5 ± 0.4 , 1.3 ± 0.1 vs 1.9 ± 0.7 , 0.6 ± 0.1 vs 1.4 ± 0.6 , 0.7 ± 0.2 vs 1.1 ± 0.2 , 0.3 ± 0.03 vs 0.8 ± 0.05 , and 0.4 ± 0.01 vs 0.7 ± 0.1 respectively). Mean tramadol consumption was lower in group A patients on studied days (100 ± 22 vs 250 ± 88 , 150 ± 35 vs 300 ± 42 , 50 ± 23 vs 250 ± 49 , and 0 vs 200 ± 21 mg/day, on every day studied respectively - $p < 0.001$). No side effects were observed in any time of study.

Conclusions

Pregabalin administration perioperatively. seems to reduce pain and opioid consumption in total hip arthroplasty