Patients often report moderate pain after total hip arthroplasty (THA), and multimodal analgesia has gained popularity for the treatment of such pain. Acetaminophen is a common nonopioid that is administered as part of multimodal treatment. However, a double-blind, controlled trial found that intravenous (IV) acetaminophen did not result in a significant difference in pain scores, opioid consumption, or opioid-related adverse events (AEs) compared to oral acetaminophen, according to Geoffrey H. Westrich, MD, professor of clinical orthopaedic surgery at the Hospital for Special Surgery in New York, who presented the data yesterday.

“We have a very robust and successful multimodal pain management protocol following total hip replacement surgery [at our institution],” said Dr. Westrich. “We have used IV acetaminophen following multiple procedures and have been impressed with [its] ability to further reduce patients’ postoperative pain. We thought that adding IV acetaminophen to our postoperative multimodal pain management protocol would further reduce patients’ postoperative pain. But it did not.”

A total of 154 patients undergoing THA were randomized to receive postoperative oral acetaminophen with an IV placebo or IV acetaminophen with an oral placebo. At the institution where the study took place, multimodal inpatient perioperative pain management included combined spinal-epidural anesthesia; epidural analgesia with bupivacaine and clonidine; IV ketorolac followed by oral meloxicam; and, upon request, oral tramadol for mild or moderate pain or oral oxycodone for severe pain. The study’s primary outcomes were pain with physical therapy on postoperative day (POD) one, measured on a zero to 10 Numeric Rating Scale; opioid-related Symptom Distress Scale score on POD one; and cumulative opioid use on POD zero to three, converted to oral morphine equivalents (OMEs).

“Patients in both groups had low pain scores with activity, [had] low burden of opioid-related [AEs], and used modest amounts of opioids (120 mg OMEs correspond to six doses of tramadol 100 mg, given over three days),” the researchers reported (Table 1). “This was achieved in the context of vigorous multimodal analgesia. It is possible that different results would be obtained if different analgesic protocols were followed. When using the described pain management regimen, there was no difference among primary outcomes between oral versus IV acetaminophen after THA.”

“We hypothesize that our total hip replacement patient cohort may not be the best model to study IV acetaminophen, and we need a baseline postoperative pain score that is higher to demonstrate a reduction with IV acetaminophen,” said Dr. Westrich. “[Thus], we plan to study the addition of IV acetaminophen to our current multimodal pain management protocol in a randomized, prospective study in a cohort of total knee replacement patients.”

The study is limited by its use of the institution’s own pain protocol, which may not be generalizable to other facilities.

Dr. Westrich’s coauthors of “IV vs. Oral Acetaminophen as a Component of Multimodal Analgesia After Total Hip Arthroplasty: A Randomized, Double Blinded, Controlled Trial” are George Birch, BS; Ahava Muskat; Douglas E. Padgett, MD; Enrique Goytizolo; Mathias P. Bostrom, MD; David Jacob Mayman, MD; Yi Lin; and Jacques YaDeau, MD.

KERRI FITZGERALD

PAPER PRESENTATION HIGHLIGHTS

TABLE 1: PRIMARY OUTCOMES

<table>
<thead>
<tr>
<th></th>
<th>IV Acetaminophen</th>
<th>Oral Acetaminophen</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRS pain with PT, POD 1 (patient report)</td>
<td>3.9 ± 2.4</td>
<td>3.6 ± 2.4</td>
<td>0.428</td>
</tr>
<tr>
<td>Pain with PT, POD 1 (PT report)</td>
<td>2.3 ± 1.8</td>
<td>2.1 ± 2.1</td>
<td>0.384</td>
</tr>
<tr>
<td>Opioid-related Symptom Distress Scale score, POD 1</td>
<td>0.3 ± 0.3</td>
<td>0.4 ± 0.3</td>
<td>0.212</td>
</tr>
<tr>
<td>Cumulative opioid use POD 0–3 (mg oral morphine equivalents)</td>
<td>119 ± 72</td>
<td>110 ± 62</td>
<td>0.428</td>
</tr>
</tbody>
</table>

NRS, Numeric Rating Scale; PT, physical therapy; POD, postoperative day

IV Acetaminophen Does Not Reduce Pain after Total Hip Replacement

The AAOS Resolutions and Bylaws Committees will conduct Open Hearings regarding the proposed resolutions and bylaw amendments for the American Academy of Orthopaedic Surgeons (Academy) and the American Association of Orthopaedic Surgeons (Association) today starting at 1 P.M. in Room 3301 of the Venetian/Sands Expo. The Bylaws Committee Open Hearing will start shortly after the conclusion of the Resolutions Committee Open Hearing, around 1:30 P.M.

All Fellows are encouraged to participate and will have the opportunity to vote on the Committees’ recommendations shortly after the 2019 Annual Meeting.

Copies of all proposed resolutions and bylaw amendments, with the recommendations of the Board of Councilors (BOC), the Board of Specialty Societies (BOS), and the AAOS Board of Directors, were included in the Official Meeting Notice sent electronically to each Fellow in February.

Resolutions
The following AAOS resolutions are being considered as part of the five-year review process:

Academy Resolution #1: Support for Orthopaedic Research
Association Resolution #2: Educate and Promote Volunteerism and Orthopaedic Advocacy

Bylaw amendments
Three sets of proposed bylaw amendments are being considered.

Group #1 (Association) – Membership Articles
Group #2 (Association) – Board of Councilors – Term of Office
Group #3 (Academy) – Board of Councilors – Term of Office

Additional details on the Resolutions and Bylaw Amendments can be found in the Official Notice.

Donna J. Malert, CAE, is the director of governance of AAOS.

Donna J. Malert, CAE

Resolutions and Bylaws Committees Will Hold Open Hearings Tomorrow

Donna J. Malert, CAE

KERRI FITZGERALD

The AAOS is committed to enhancing the attendee experience each year at its Annual Meeting and uses a variety of tools to assess current offerings and develop new strategies. New to the AAOS 2019 Annual Meeting, the Academy is using beacon technology to provide volunteer leadership and staff a better understanding of how attendees interact with education, events, and services during the meeting.

Beacons are small, wireless, secure, and encrypted transmitters that use low-energy Bluetooth technology to send signals to other smart devices nearby. Although there are many uses for beacons at professional meetings, the Academy’s goal is to capture traffic flow throughout the meeting space at the Venetian/Sands Expo Center. To do so, each attendee is assigned a beacon at registration with a unique identifier.

The data provided by the beacons will be used to develop a better, more personalized experience at future events. It is important to note that the beacons do not track users outside of designated Academy meeting space and they are not used for CME credit tracking. This data will be used in aggregate to better understand attendee interest.

The Academy is excited to leverage this technology and use it to create an even more rewarding experience for attendees at the AAOS 2020 Annual Meeting, which will take place March 24–28, 2020, at the Orange County Convention Center in Orlando, Fla.

Academy Leverages Beacon Technology to Ensure Continuous Enhancement of Its Annual Meeting

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