



Scheduled ketorolac reduces opioid needs in robotic assisted simple prostatectomy

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INTRODUCTION

- Robotic assisted simple prostatectomy (RASP) is a treatment for significantly enlarged BPH
- NSAIDs are common analgesic that are often avoided due to concern of bleeding risk
- Due to the recent opioid epidemic in the United States, there is interest in multimodal pain regimens to minimize the need for narcotics
- Objective: assess if scheduled intravenous ketorolac after RASP affected the post-operative narcotic use and complication rate

METHODS

- Retrospective review of all RASPs Nov 2017 to July 2019
 - Single institution
 - 2 high volume surgeons
- Groups: Scheduled ketorolac vs none
- Primary Outcome
 - Narcotic utilization (morphine equivalent)
 - PACU
 - On Floors

METHODS

- Statistics:
 - Univariable: Kruskal-Wallis test and X^2
 - Multivariable comparisons: Multivariable linear regression

RESULTS

A total of 207 men were studied.

RESULTS

N = 143 (69%)



**Received scheduled
ketorolac post-op**

N = 64 (31%)

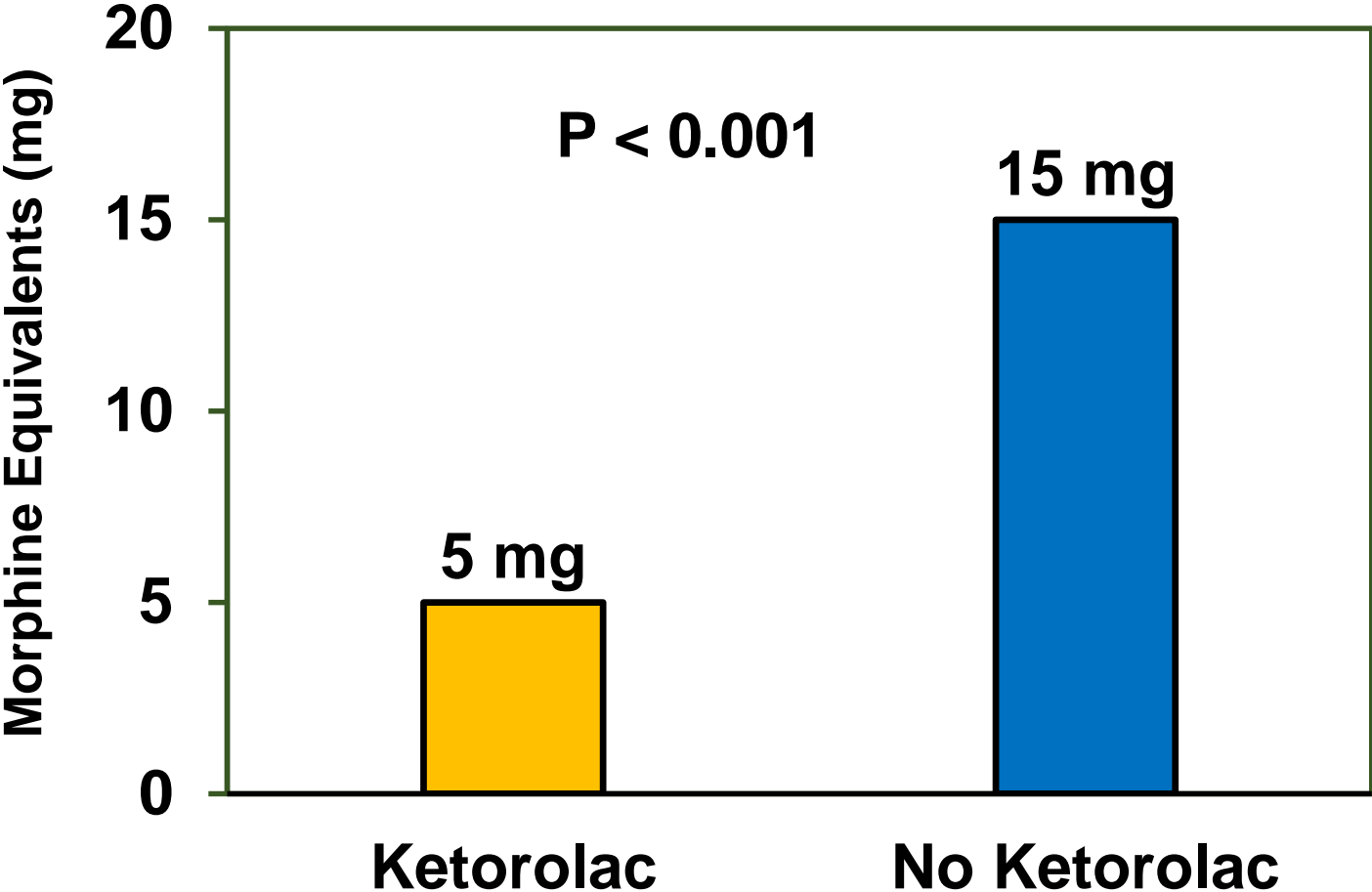


No ketorolac post-op

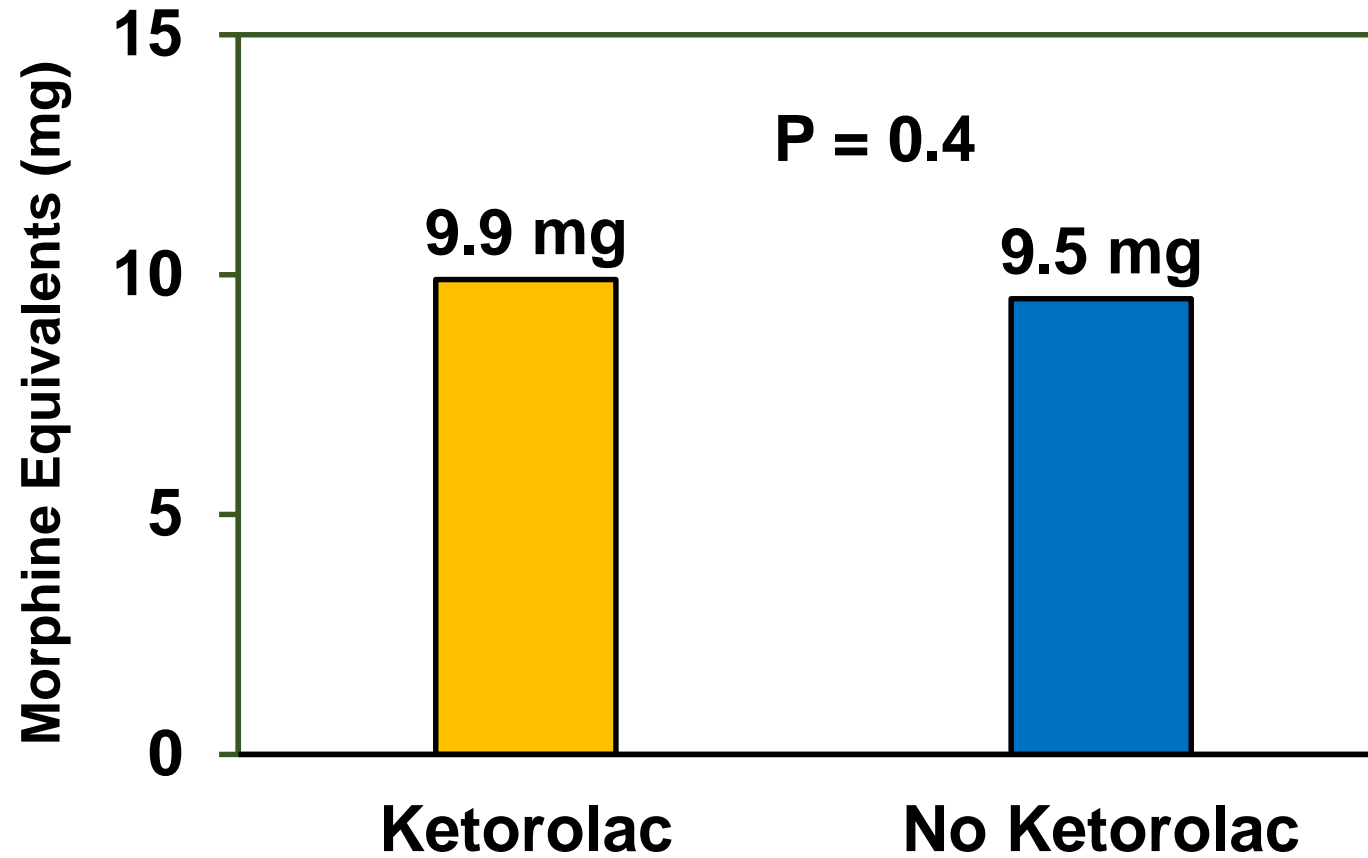
RESULTS – COMPARABLE BASELINE CHARACTERISTICS

	No Ketorolac (n = 64)	Received Ketorolac (n = 143)	P Value ^a
Age (years)	71 (67-75)	70 (65-75)	0.15
BMI (kg/m²)	29 (26-32)	28 (25-30)	0.39
ASA Score			0.29
1	4 (6%)	6 (4%)	
2	31 (48%)	88 (61%)	
3	29 (45%)	48 (34%)	
4	0 (0%)	1 (1%)	
Charlson Comorbidity Index	4 (3-5)	4 (3-5)	0.35
Prior Opioid User^b	5 (8%)	9 (6%)	0.69
Pre-op Prostate Volume (cc)	130 (108-178)	120 (104-150)	0.12

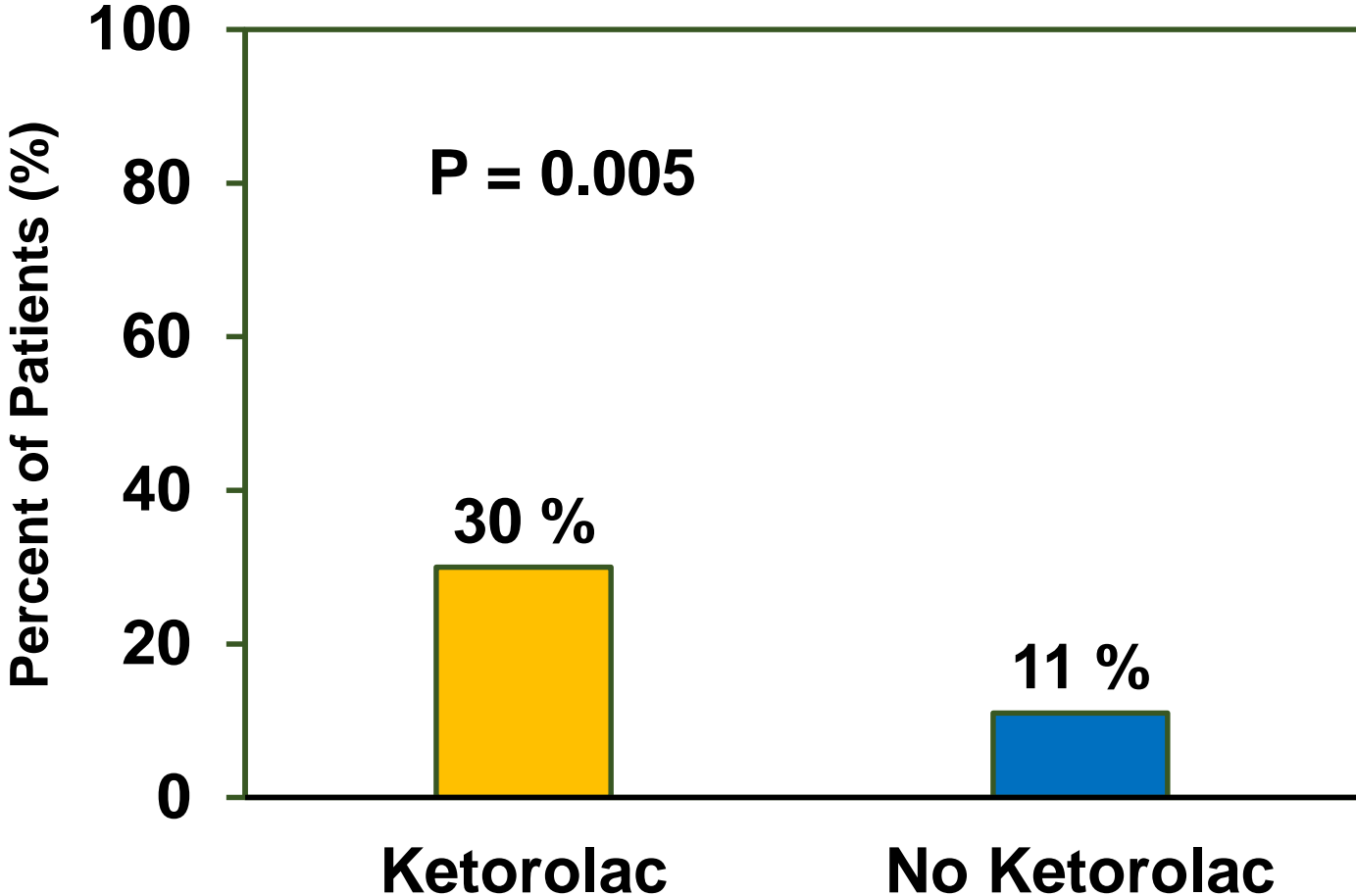
NARCOTIC USE IN WARD – SIGNIFICANT DECREASE



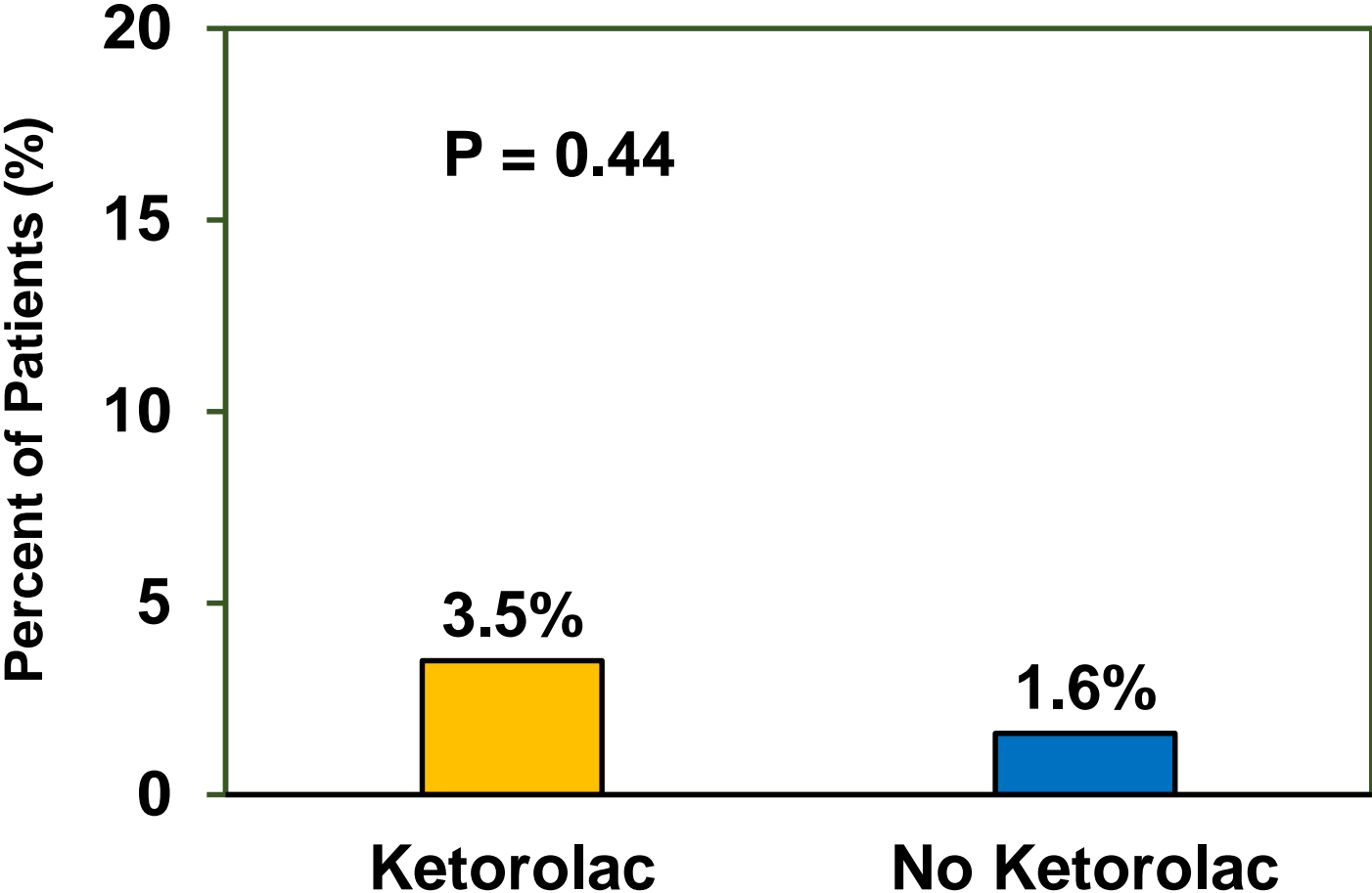
NARCOTIC USE IN PACU – NO DIFFERENCE



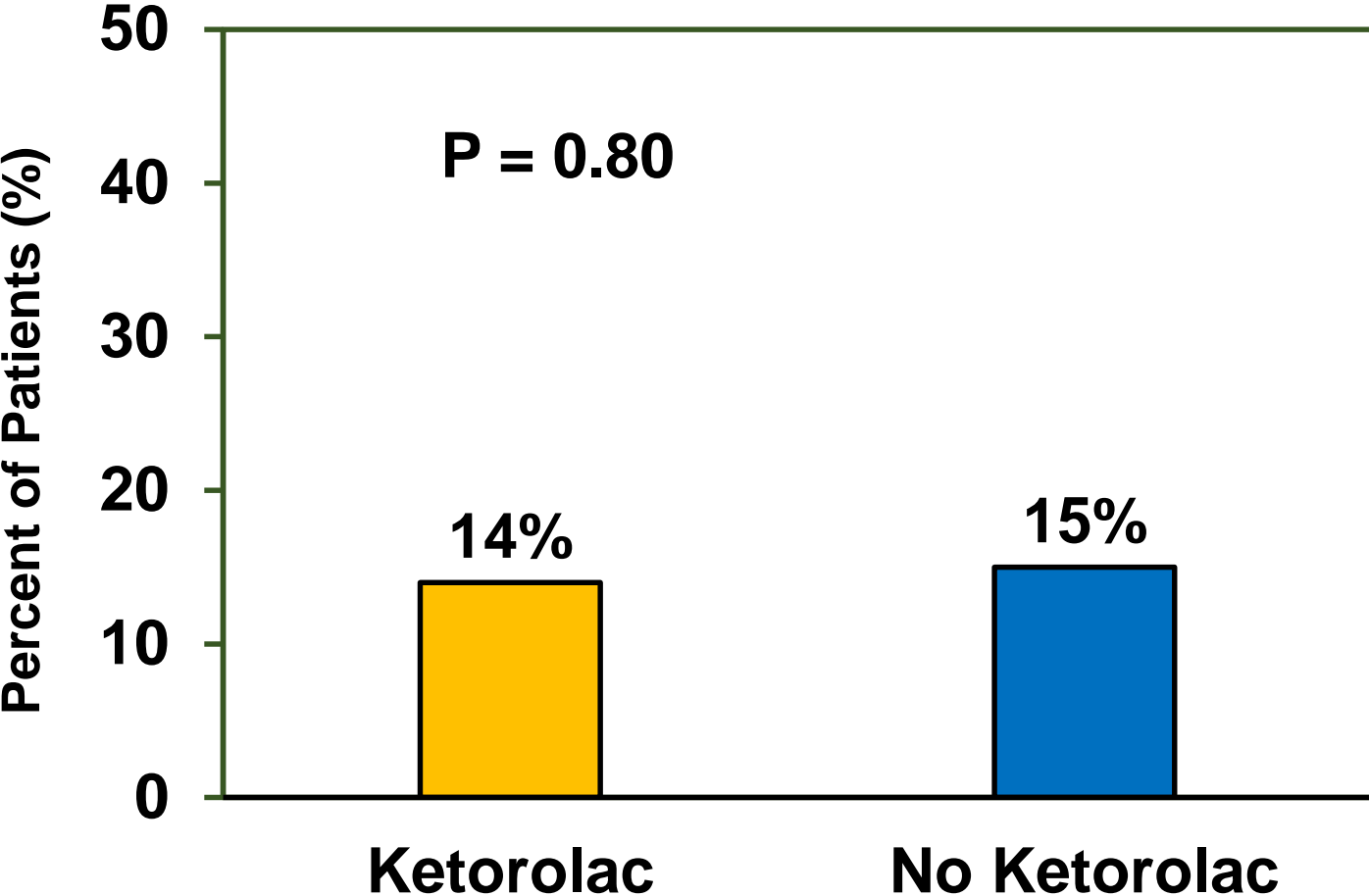
INCREASE IN NO NARCOTIC NEEDED POST-OP



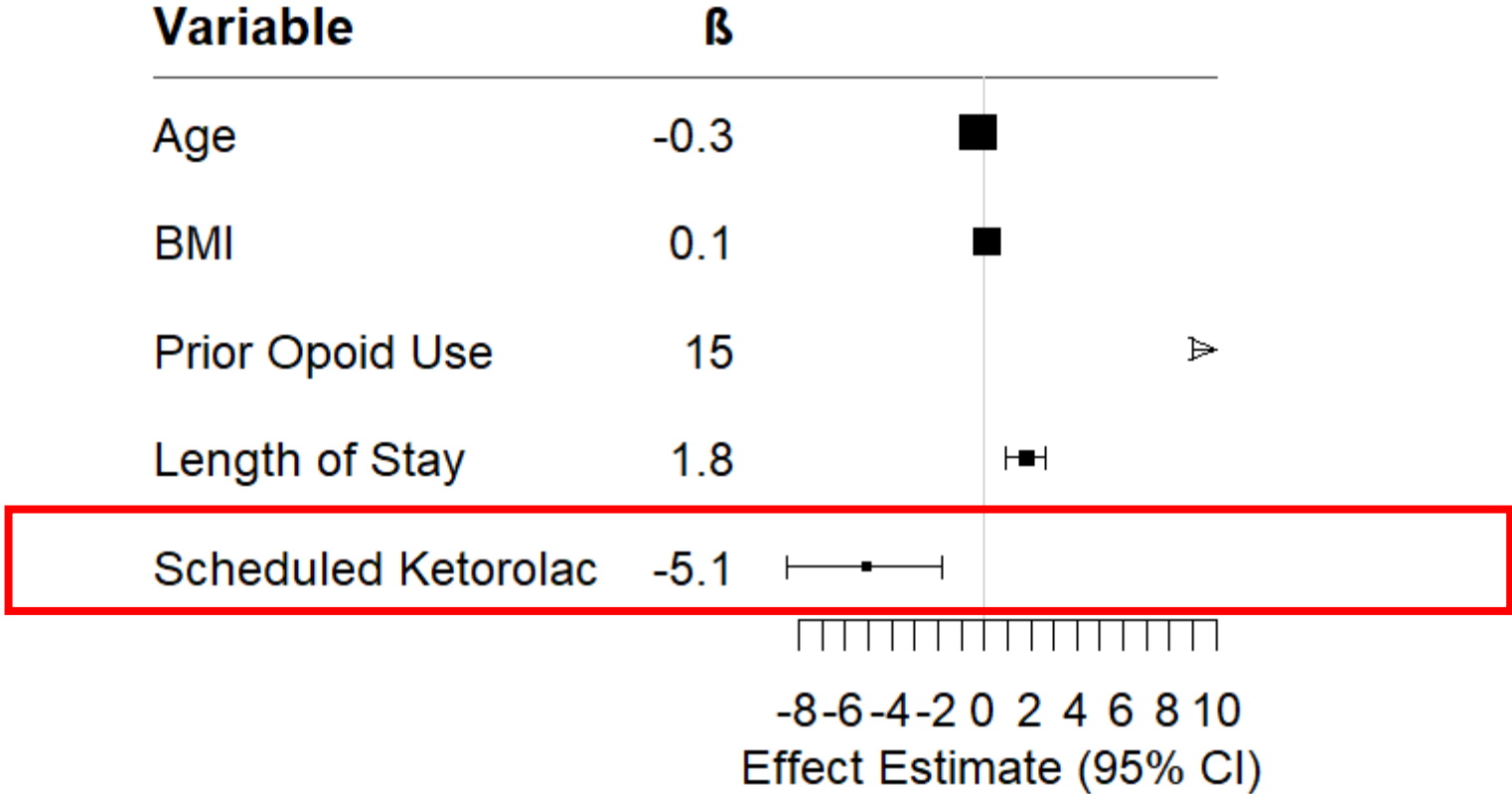
NO CHANGE IN TRANSFUSION RATE



NO CHANGE IN 30-DAY COMPLICATION RATE



MULTIVARIABLE ANALYSIS



CONCLUSION

Scheduled ketorolac reduces post-op narcotic needs

No increased risk of bleeding or complications

Differences in PACU vs. floor likely reflect timing of ketorolac initiation