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Effect of perioperative administration of pregabalin on acute and chronic post-operative pain in patients undergoing breast surgery

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Background: We evaluated efficacy of perioperative pregabalin on reducing the incidence of chronic pain and quality of acute and chronic pain relief after breast surgery.

Material & Method: After ethics committee approval and written informed consent we enrolled sixty female patients (18-65 years), ASA 1-2 undergoing modified radical mastectomyin this prospective, double-blinded and randomized study. Patients were grouped into pregabalin and control groups (n=30 each). All patients received paracetamol and ibuprofen according to institutional protocol for pain relief. In addition to this Pregabalin group received 75 mg pregabalin night before, 2 hours before surgery and 75 mg BD for 5 postoperative days (POD) whereas control group received placebo at similar timings. Pain scores (NRS) were assessed at 0, 4, 12, 24, 36, 48, 72, 96 and 120 hours. Chronic pain was assessed by Brief Pain Inventory short-form at 1 and 3 months interval. Statistical analysis was performed by student's t-test and Chi-square test.

Results: Mean dose of intraoperative fentanyl used was significantly less in pregabalin group (166.67 ug ± 24.39) than in control (231.25 ug ± 68.3) (p=0.008). Mean static pain in pregabalin group at 12h, 1st, 2nd, 3rd, 4th, 5th POD were significantly less than in control group (p<0.05). Mean dynamic pain in pregabalin group at 12h, 1st, 2nd, 3rd, 4th POD were significantly less than in the control group (p<0.05). Mean pain severity score in pregabalin group at 1 month (0.30±0.5) and 3 month (0.35±0.5) were significantly less than the control group (1.475±0.6, 1.275±0.6) (p=0.003). Mean pain interference score in pregabalin group at 1 month (0.17±0.3) and 3 month (0.17±0.3) were significantly less than control group (1.7±0.6, 1.614±0.6) (p=0.000). Chronic pain was present in 23% patients of pregabalin group.

Conclusion: Perioperative pregabalin reduces both static and dynamic pain in postoperative period and decreases the incidence, severity of chronic pain and its interference with daily activities.

Biography

Sanjay Dhiraaj completed MBBS from Calcutta Medical College, West Bengal (India) in 1994 and then completed MD in Anaesthesia from MP Shah Medical College, Gujarat in the year 1999. At present he is working as Professor in the Department of Anaesthesia, SGPGIMS, Lucknow. He has completed his Diploma in Palliative Medicine (Cardiff University, UK), presently enrolled in the MSc program. He is Life member of the Association of UICC Fellows and coordinator of "Essentials of Palliative Care Course" at SGPGIMS, Lucknow. He is involved in various projects for development of palliative care services in SGPGIMS with Pallium India, Jiv Daya Foundation, USA. He has published more than 30 papers in indexed journals.

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