

**Presentation Title:** Pain, Pain, Go Away – The Role of IV Acetaminophen in the Enhanced Recovery After Surgery (ERAS) Protocol

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**Objective:**

1. Define the role of IV acetaminophen within the Enhanced Recovery After Surgery (ERAS) pathway
2. Discuss the literature surrounding IV acetaminophen use in gastrointestinal surgeries
3. Identify factors for consideration when selecting multimodal agents for perioperative pain management

**Abstract:**

The Enhanced Recovery After Surgery (ERAS) is a set of multimodal perioperative care pathways aimed at promoting early recovery in patients undergoing surgery. It was established with the goal of providing multidisciplinary, evidence-based approach to care for surgical patients to optimize perioperative management and outcomes. One of the postoperative components include utilization of opioid-sparing agents to reduce the risk of complications from opioids such as postoperative ileus, respiratory depression, and nausea. Intravenous acetaminophen was considered an agent for use within the ERAS pathways back in 2010 when it was approved by the FDA for management of mild to moderate pain. However, due to its high cost and potential efficacy in reducing pain score, opioid related adverse effects, and opioid requirements it has become restricted in many institutions' formularies. In this presentation, we will discuss the available literature delving into the efficacy of intravenous acetaminophen and its role as an opioid-sparing agent within the ERAS pathway.

**Audience Questions:**

1. The role of multimodal opioid-sparing agents within the ERAS pathway is to reduce which of the following risks associated with opioids?
  - a. Postoperative ileus
  - b. Respiratory depression
  - c. Nausea and vomiting
  - d. All of the above
2. Based on the literature review, which of the following statements is false regarding IV acetaminophen use within 24 hours post op?
  - a. IV acetaminophen reduced opioid consumption
  - b. One time administration of IV acetaminophen intraoperatively followed by oral acetaminophen reduced opioid consumption
  - c. Use of IV acetaminophen showed a reduction in cost and length of stay
  - d. No severe adverse events were reported

3. Within the perioperative elective colorectal ERAS guideline, which of the following non-opioid agent was not listed as a recommended multimodal analgesia option?
  - a. Ketamine
  - b. Lidocaine
  - c. Tricyclic antidepressants
  - d. NSAIDs

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