

Bolus epidural fentanyl cuts post-spinal decompression pain

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To assess the analgesic efficacy of bolus epidural fentanyl, Mathew R. Guilfoyle, M.B.B.Ch., from Addenbrooke's Hospital in Cambridge, U.K., and colleagues randomly assigned blinded patients to receive 100- μ g bolus epidural fentanyl administered intraoperatively (29 patients) or not (31 controls) after lumbar canal decompression (one to three levels) for degenerative canal stenosis. Pain was assessed through patient-reported Visual Analogue Score (VAS) preoperatively, in recovery, and, if the patient remained in hospital, on the first and second postoperative days.

The researchers found that demographics, duration of surgery, and preoperative VAS were not significantly different between the groups. In patients treated with fentanyl, VAS in recovery was significantly lower (mean 2.6 versus 4.7; $P = 0.003$), but later VAS and postoperative length of stay were comparable between the groups. Other

than the increased number of patients in the fentanyl group requiring temporary urinary catheterization, there was no significant difference in the incidence of side effects.

"Bolus epidural [fentanyl](#) provides effective short-term postoperative analgesia after lumbar canal decompression and may be a useful adjunct to pain management in patients undergoing lumbar spine surgery," the authors write.

Two authors disclosed [financial ties](#) to [Medtronic](#).

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