

Title of manuscript:
Narcotics use and Total Hip Arthroplasty

Abstract

Background: The purpose of this study is to: (1) characterise risk factors for prolonged narcotic use following total hip arthroplasty (THA); (2) examine preoperative and prolonged postoperative narcotic use as independent risk factors for complications following THA.

Methods: A national database identified primary THA patients from 2007–2015. Preoperative (POU) and prolonged postoperative narcotics use (PPU) was identified. A multivariable logistic regression analysis was utilized to identify any patient-related risk factors for prolonged use, and examined POU and PPU as risk factors for complications following THA.

Results: 55,354 THA patients were included, 18,740 (33.8%) POU and 14,996 (27.1%) PPU. Preoperative narcotics use was the most significant factor associated with prolonged postoperative narcotic use. Preoperative and prolonged postoperative use were associated with significantly higher complications postoperatively.

Conclusions: Preoperative narcotic use is the most significant patient specific risk factor for prolonged postoperative narcotic use. POU and PPU are at a significantly higher risk of postoperative infection and revision surgery.

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