

EFFECT OF MULTIMODAL PAIN THERAPY ON PATIENT LENGTH OF STAY FOLLOWING TOTAL KNEE ARTHROPLASTY (B4), Tara Vlasimsky, R. Rzasa Lynn, M. Godcharles, A. Koszowski. Exempla Saint Joseph Hospital, Denver CO ([vlasimst@exempla.org](mailto:vlasimst@exempla.org)) IRB approval received.

Although current literature supports the use of multimodal pain therapy (MMPT) during and after surgeries, clinical trials differ widely with respect to surgeries studied and medications regimens used. Thus, there is no consensus about the most effective utilization of MMPT. The current MMPT protocol at our institution includes gabapentin, celecoxib, acetaminophen, and ketamine. This study is a retrospective cohort reviewing 100 patients who received MMPT vs. 100 patients that did not receive MMPT following total knee arthroplasty (TKA) surgeries between October 2007 and October 2008 to evaluate whether MMPT reduces length of stay. Secondary endpoints include total narcotic use, pain scores, and physical therapy (PT) ambulation parameters. Any differences will be assessed using descriptive statistics, and Cox regression analyses will be performed to compare length of stay for each group. Additional bivariate or regression analyses will be performed to compare the secondary endpoints of total narcotic use, initial pain scores each day and PT parameters. Results will be discussed.