Postoperative pain management in gynecological surgery using Sufentanil Sublingual Tablet System

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Background: Gynecological procedures are among the most frequently performed surgical interventions. In the industrialized world about 20% of women can be expected to have a hysterectomy by age 60. Chronic pain after surgery remains an issue, being reported by 4.7–31.9% after hysterectomy. The intensity of postoperative pain is considered a major factor contributing to the risk of pain chronicity. For this reason an effective postoperative pain control becomes even more necessary.

Sufentanil Sublingual Tablet System (SSTS) was recently approved in Europe for treatment of moderate-to-severe acute postoperative pain in hospitalized patients. This handheld PCA device delivers a fixed dose of 15 mcg sufentanil tablets on a PRN basis, allowing patients to self-titrate to their own comfort level.

We assess the analgesic efficacy and tolerability of SSTS in the treatment of postoperative pain in gynecological surgery.

Materials and Methods: After ethical committee approval we performed an observational case series on 42 patients who underwent gynecological surgery under general anesthesia. Postoperative pain was managed by the exclusive use of SSTS. Prior to the end of surgery, paracetamol 1 g, morphine 0.1 mg/kg, ondansetron 4 mg were administered. Efficacy was assessed by patient reports of pain intensity on an 11-point numerical rating scale (NRS). Safety assessments included vital signs, and adverse events (AEs) Patient satisfaction was assessed via the Patient Global Assessment (PGA) of method of pain control, with “success” defined as the proportion of patients responding “good” or “excellent”.

Results and Discussion: Average patient age was 47 years, BMI was 27.4 (range 16.4-34.8). The most performed type of surgery was hysterectomy with bilateral salpingo-oophorectomy (19 patients, 45%). The average number of requested doses was 20 over 72 hours; half of patients requested more than 15 doses. Mean NRS was 1.3 (range 0-3) at rest, and 2.1 (range 0-6) during movement. No desaturation (SpO2 < 92%) was found. Nausea and vomiting were the most common AEs. PGA scores were positive, with a success rate of 76%.

Conclusions: In our clinical experience, SSTS has proved an effective and safe device for postoperative pain relief after gynecological surgery.