

Dr. Marie Gdalevitch

“Randomized comparison between narcotic free multimodal anesthesia and standard of care anesthesia for hallux valgus patients undergoing a percutaneous distal metatarsal osteotomy: a multi-center trial”

Hallux valgus remains a common orthopedic foot problem for which surgical treatment has been feared by patients due to anecdotally high post-operative pain. The current trend in anesthesia management during hallux valgus and forefoot surgery is multimodal pain control, however opioid agonists remain the mainstay for post-operative pain. Despite the advances of regional anesthesia, many centers do not perform ultrasound guided ankle blocks for hallux valgus surgery and when they do, it is as an adjunct to other forms of anaesthesia. Our centers have been doing ultrasound guided ankle blocks with sedation as the main method of anesthesia for forefoot surgery for over 2 years and we have noted an immense improvement in patient’s post-operative recovery and pain control. However, patients still require narcotic medication to alleviate the pain once the ankle block has worn off and this puts them at risk of developing a dependency. Orthopedic surgeons remain amongst the highest prescribers of opioids.

In this randomized control trial, we will compare a group of patients that will receive narcotic sparing peri-operative multimodal anesthesia with use of tramadol versus our current standard of care for hallux valgus surgery with a percutaneous distal metatarsal osteotomy. Tramadol is a pain medication that functions much less on the opioid receptor system. As such, tramadol has about one-tenth the potency of morphine, is considered a drug with low potential for dependence and is not listed as a controlled drug and substance in Canada. We hypothesis that the use of an ultrasound guided ankle block with peri-operative adjuvant medications will eliminate narcotic use to control pain in the first 48hrs post-operatively and thereafter. Our goal is to demonstrate that the use of highly addictive narcotics such as hydromorphone and morphine are unnecessary following hallux valgus surgery.

Changing the prescribing habits of orthopedic surgeons is essential in addressing the ongoing opioid crisis. This would be the first study attempting to eliminate narcotic use in hallux valgus surgery and given the alarming number of opioid addictions and overdoses, would have a dramatic impact on clinical practice.