Opioid-related AEs can extend the length of hospital stay, increase the cost of care, and reduce patient satisfaction. In addition, the use of opioids for postoperative pain can result in the development of opioid-related adverse events (AEs) in up to 80% of patients. Opioid-related AEs can extend the length of hospital stay, increase the cost of care, and reduce patient satisfaction. Therefore, methods to reduce opioid use are needed to improve patient outcomes and reduce costs.

Local anesthetics are a key component of multimodal approaches, but their efficacy and duration of action are limited. Inadequate postoperative pain relief may lead to chronic pain, resulting in prolonged hospital stay and increased healthcare costs. Therefore, methods to improve the efficacy and duration of action of local anesthetics are needed.

A multimodal regimen should effectively manage pain and reduce opioid use. Specifically, a multimodal approach should include local anesthetics, nonopioid analgesics, and other pain management strategies. This approach should be tailored to individual patient needs and be monitored closely to ensure effectiveness and safety.

Inadequate postoperative pain relief may lead to chronic pain, resulting in prolonged hospital stay and increased healthcare costs. Therefore, methods to improve the efficacy and duration of action of local anesthetics are needed.

In patients undergoing ASD surgery, mean morphine equivalent used was 38% lower for SABER-Bupivacaine versus SABER-placebo, with an overall reduction of 66% in opioid use during the 72-hour postoperative period (Figure 2). In 79 patients undergoing inguinal hernia repair surgery, least squares (LS) mean pain intensity scores on movement were lower for SABER-Bupivacaine versus SABER-placebo during the 72-hour postoperative period (Figure 1).

CROPIRS effectively decreased pain intensity and opioid use during the first 72 hours after surgery. CROPIRS represents the mean percentage reduction in opioid use. CROPIRS scores were calculated as follows: While the CROPIRS score is calculated as the difference between the preoperative and postoperative pain scores, the CIROPS score is calculated as the difference between the preoperative and postoperative opioid use scores.

In the current analysis, CIROPS improvement scores were calculated for SABER-Bupivacaine versus SABER-placebo in patients undergoing inguinal hernia repair or ASD surgery. The CIROPS score is calculated as the difference between the preoperative and postoperative pain scores, while the CIROPS score is calculated as the difference between the preoperative and postoperative opioid use scores.

CIROPS Improvement Score

Pain Intensity on Movement

In 79 patients undergoing inguinal hernia repair surgery, the coprimary end points were pain intensity on shoulder movement AUC during the first 72 hours after surgery and the proportion of patients receiving opioid rescue medication. In patients undergoing ASD surgery, LS mean pain intensity scores on movement were lower for SABER-Bupivacaine versus SABER-placebo during the 72-hour postoperative period (Figure 1).

CIROPS Improvement Score

Opioid Use

In patients undergoing inguinal hernia repair surgery, mean morphine equivalent used was lower for SABER-Bupivacaine versus SABER-placebo, with an overall reduction of 66% in opioid use during the 72-hour postoperative period (Figure 2).

CROPIRS Improvement Scores

P • By combining percentage reductions in pain intensity and opioid use, CIROPS demonstrated that SABER-Bupivacaine was associated with improved efficacy in 72.9% and 43.4% of patients undergoing inguinal hernia repair and ASD surgery, respectively (Figure 3).