

“Prospective Project to Determine the Efficacy of Prescription SpeedGel RX in Decreasing Post-Operative Surgical Site Pain and Narcotic use”

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The prospective project utilizing SpeedGel RX®, a prescription homeopathic topical analgesic gel, in decreasing post-operative surgical site and overall narcotic use is nearing completion. We are nearing our goal of obtaining 20 patients, who had shoulder or knee procedures (10 each), with an adequate amount of data to utilize for comparison and analysis. Currently we have completed 9 shoulder and 4 knee patients, and are actively in the process of following another 3 shoulder and 4 knee patients.

Subjectively, all patients have had positive remarks concerning SpeedGel RX® with all stating that it was beneficial in both decreasing post-operative pain and narcotic use.

Objectively, positive results have also been noted. The majority of patients, (9/13) had not used SpeedGel RX® on POD4, however by 1 week post-op, 92% compliance was achieved (12/13). Pain scores were obtained on post-op day 4, post-op weeks 1-4, and post-op week 6. The average pain scores were 3.60, 2.58, 1.89, 0.88, 1.13, and 0.83, respectively. Utilizing a Mosby Pain Scale, on post-op day 4, patients experienced Moderate pain, on post-op weeks 1-2, they experienced Mild pain, and on post-op week 3, the average pain score fell between None to Mild. This data shows a positive trend towards no pain by post-op week 3, with the most common score given being 0 on that week. The small increase in pain score on post-op week 4 (1.13) can be explained by the decreased variation in scores with two patients being unavailable at the time the evaluation phone call was performed and one patient having actually stopped using the product by that time.

Also, positive trends were visualized in narcotic use. Overall, only 2 out of 13 patients required a refill of the original 40 pill narcotic prescription, and 1 individual actually didn't even require narcotics during the 6 week post-operative period. There was also a decreasing trend in the weekly use of narcotics. From the day of surgery to post-op week 1, an average of 15 pills were used, from week 1 to week 2, 5 additional pills were used on average, and from week 2 to week 3, on average only 1 additional pill was used. This showed that peak narcotic use took place in the initial 7 days post-op, and reached a plateau around week 2 to week 3, with individuals still having half of their original prescription intact.

This project will continue over the next several months, as the final data will be gathered.

Upon completion, a final comparison of the data will be performed and analyzed.