GAP STUDY
GABAPENTIN IN POST SURGERY PAIN

GABAPENTIN IN POST SURGERY PAIN (GAP study)
Summary of results

Thank you!

The GAP study would not have been possible without you taking part. This leaflet contains a summary of the study results for you to read.

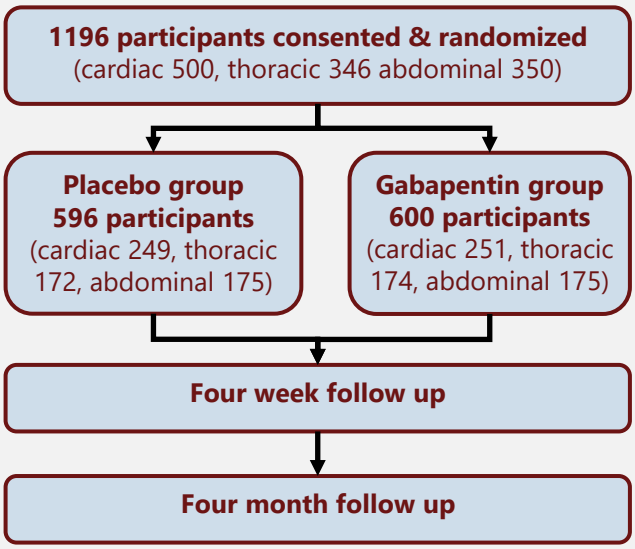
About the GAP study

Following an operation, patients are normally prescribed drugs called opioids (such as morphine) to manage their pain. However, opioids can cause side effects which can lead to longer hospital stays after surgery. Gabapentin which is normally used to treat epilepsy and nerve pain, has also been used to treat pain after an operation as it was thought this might have less side effects and shorten hospital stays.

We aimed to find out if giving gabapentin around the time of the operation resulted in patients having a quicker recovery and fewer side effects after their surgery. The study also looked at if there was a cost saving, giving gabapentin.

GAP study design

- **1196** people undergoing surgery took part in the GAP study.
- Participants were randomly put into groups that **received either a placebo or gabapentin.**
- They took gabapentin or placebo **600mg before surgery, 300mg twice daily for two days after surgery**.
- Participants were followed up for their quality of life, pain medication and safety information at 4 weeks and 4 months.



GAP study results

- The average age of those who joined the study was **68 years**
- There was **no difference in the length of hospital** stay between the group who took placebo and group who took gabapentin
- In the **first four days after having surgery, people in the gabapentin group who had abdominal surgery used less opioids**. However, for people who had thoracic or cardiac surgery there was no difference between the gabapentin or placebo groups
- **During follow up, there was no difference in opioid use between the groups**, or surgery types
- The amount of **pain people had and their quality of life after surgery was similar** between the placebo and gabapentin groups
- Using **gabapentin did not save any costs**
- There were **no significant differences in the side effects** experienced in either group

Impact of GAP

Before the GAP study, doctors were unsure if gabapentin was beneficial for treating pain after an operation and if it was able to reduce the amount of time patients would stay in hospital after their operation

The results from the GAP study show that gabapentin does not have any clinical or financial benefit for people having major surgery. Therefore, we will recommend that doctors do not prescribe gabapentin to patients after major surgery.

Further information

- If you have any questions about how the trial was conducted, please contact the GAP trial management team on: btc-mailbox@bristol.ac.uk
- This summary of results will be available on: GAP | Bristol Trials Centre
- For general information on clinical research go to: UK Clinical Research Collaboration (UKCRC) who produce a booklet called 'Understanding Clinical Trials' iCT_Booklet.pdf (ukcrc.org)

Thank you for your participation

BTC

FUNDED BY NIHR | National Institute for Health Research

This study is funded by the National Institute for Health Research Health Technology Assessment Programme (15/101/16). The views and opinions expressed therein are those of the author(s) and do not necessarily reflect those of the National Institute of Health Research, NHS, or the Department of Health and Social Care.