



Post-operative pain management in dental implant surgery should consider nonsteroidal anti-inflammatory drugs as best practice

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We thank Khouly *et al.* for their excellent publication “*Post-operative pain management in dental implant surgery: a systematic review and meta-analysis of randomized clinical trials*” (1). This thorough systematic review advances the understanding of postoperative pain and the perceived needs of the patient after dental implant surgery. A main finding of their study is that pain associated with dental implant placement is effectively managed with nonsteroidal anti-inflammatory drugs (NSAIDs); albeit the authors’ conclusion seemed to have missed the opportunity to emphasize this point. Clearly, numerous publication findings and prominent organizations (e.g., American Dental Association, American Association of Oral and Maxillofacial Surgeons, Centers for Disease Control and Prevention, National Academy of Medicine) support reducing opioid prescribing after dental surgery in an effort to reduce the loss of life associated with the ongoing opioid epidemic (1-5). Unfortunately, scientific publications and organizational efforts have not proven very effective at changing practice, as dental providers continue to abide by old prescribing habits and thought patterns regarding the management of acute dental pain, and clinical studies such as those reviewed by Khouly *et al.* fail to capture the extent of opioid prescribing in community dental practices (1). Understanding this problem comes from several studies that have examined the factors and behaviors related to opioid prescribing in dentistry, which include perceived need, inertia, and ‘just in case’ prescribing (6-21). However, behavior change is difficult, and translation is slow

(14,22,23). Dental education is doing their part in teaching providers to use NSAIDs as first-line analgesic therapy, unless contraindicated (24-27). And, state mandates and prescription drug monitoring programs can help promote the use of nonopioid analgesics after oral surgery (16,27). However, the dental community is at a tipping point where we need to learn from the literature as well as our cognitive and implementation scientist colleagues of how best to change human behavior if we are to make the progress we need. We are hopeful that those who extract teeth and place dental implants move their practice towards limiting the use of opioids and instead use NSAIDs as this article demonstrates, the preponderance of evidence supports, and many others advocate. We also hope that in ten years we don’t look back and wonder why things haven’t changed.

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