



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

## **MEDIA RELEASE**

# **Gum chewing may alleviate postoperative pain**

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Gum chewing may help reduce the severity of the pain experienced by patients recovering from colorectal resectional surgery, delegates to the 79<sup>th</sup> Annual Scientific Congress (ASC) of the Royal Australasian College of Surgeons have been told.

Dr Stephen Smith, a general surgeon at Newcastle's John Hunter Hospital, told delegates that gum chewing is a form of sham feeding which can potentially stimulate the gastrointestinal tract via cephalo-vagal pathways.

Dr Smith's study involved eighty patients undergoing laparoscopic colorectal resections being randomised to receive standard postoperative care or standard postoperative care with the addition of chewing gum three times a day. The aim of the study was to determine whether gum chewing can reduce the duration and severity of ileus – the temporary disruption of gastrointestinal activity following surgery.

The primary outcome was duration of ileus as determined by time to first flatus, time to first bowel motion, and time to tolerate diet. Secondary outcomes included length of hospital stay, postoperative pain, episodes of nausea and vomiting, complication rates and readmission rates.

Reporting on the results of his study, Dr Smith said there was no difference between the two groups with respect to duration of ileus, length of hospital stay, complication rates or readmission rates. However, patients chewing gum suffered less postoperative pain on days 2 to 5. This was established by means of the Visual Analogue Scale (VAS), a psychometric response scale used in questionnaires to gauge subjective characteristics that cannot be directly measured.

“The VAS findings indicated those patients who chewed gum as part of their postoperative care experienced significantly less severe pain,” Dr Smith said.

“Gum chewing does not appear to decrease the duration of ileus following this surgical procedure, but we can conclude that it is a safe intervention that may result in a reduction in postoperative pain.”

Dr Smith's presentation is one of hundreds at this year's ASC, covering all surgical specialties and aspects of surgical history and education. Nearly 2,000 delegates are expected to attend the ASC, which runs from 4 to 7 May and is being held at the Perth Convention Exhibition Centre. The ASC program is available online at [www.surgeons.org](http://www.surgeons.org)

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