Table 2 Summary of findings

IV paracetamol compared to placebo for lumbar disc surgery

Patient or population: patients undergoing lumbar disc surgery

Settings: Systematic review and meta-analysis

Intervention: IV paracetamol

Comparison: Placebo

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Risk with control	Risk with Paracetamol				
Morphine consumption at 24 h postoperatively assessed with: morphine (mg) Follow-up: mean 1 days		MD **10.61 mg lower** (16.00 lower to 5.22 lower)	-	271 (5 RCTs)	⊕⊕⊕⊖ **moderate**[a]	IV paracetamol reduces morphine consumption at 24 h postoperatively.
Postoperative pain scores at 1 h assessed with: score scale from 0 to 10 Follow-up: mean 1 days		MD **2.37 lower** (3.81 lower to 0.94 lower)	-	142 (2 studies)	⊕⊕⊖⊖ **moderate**[a]	IV paracetamol results in significant decrease in pain scores at 1 h postoperatively.
Postoperative pain scores at 2 h assessed with: score scale from 0 to 10 Follow-up: mean 1 days		MD **3.17 lower** (3.85 lower to 2.48 lower)	-	90 (1 studiy)	⊕⊕⊖⊖ **moderate**[a]	IV paracetamol results in significant decrease in pain scores at 2 h postoperatively.
Postoperative pain scores at 6 h assessed with: score scale from 0 to 10 Follow-up: mean 1 days		MD **1.75 lower** (3.10 lower to 0.40 lower)	-	142 (2 studies)	⊕⊕⊖⊖ **moderate**[a]	IV paracetamol results in significant difference in pain scores at 6 h postoperatively.

Postoperative pain scores at 12 h assessed with: score scale from 0 to 10 Follow-up: mean 1 days		MD **0.96 lower** (1.77 lower to 0.15 lower)	-	142 (2 studies)	⊕⊕⊕⊖ **moderate**[b]	IV paracetamol results in significant decrease in pain scores at 12 h postoperatively.
Postoperative pain scores at 24 h assessed with: score scale from 0 to 10 Follow-up: mean 1 days		MD **0.97 lower** (1.67 lower to 0.27 lower)	-	142 (2 studies)	⊕⊕⊖⊖ **moderate**[a]	IV paracetamol results in significant decrease in pain scores at 24 h postoperatively.
Postoperative nausea and vomiting (PONV) assessed with: incidence Follow-up: mean 1 days	**276 per 1000**	**249 per 1000** (157 to 387)	**RR 0.90** (0.57 to 1.40)	180 (3 studies)	⊕⊕⊖⊖ **low**[a,b]	IV paracetamol may result in no difference in PONV
Postoperative urinary retention assessed with: incidence Follow-up: mean 1 days	**0 per 1000**	**0 per 1000** (0 to 0)	**RR 3.00** (0.49 to 18.52)	150 (3 studies)	⊕⊕⊕⊖ **moderate**[a]	IV paracetamol may result in no difference in urinary retention

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes.

The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **MD**: Mean difference; **RR:** Risk ratio; **RCT:** randomized controlled trial; **IV:** intravenous.

GRADE Working Group grades of evidence

High quality: Further research is very unlikely to change our confidence in the estimate of effect.

Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

Very low quality: We are very uncertain about the estimate.

Explanations

a. risks of bias were existed in results

b. results are not completely consistent