

Effects of Intraperitoneal Administration of Flunixin Meglumine, Metamizole Sodium, Diclofenac Sodium, and Carprofen on Experimentally Induced Intra-Abdominal Adhesion Formation in Rats

Serdar Köklü¹ and Nuh Kılıç^{2*}

¹ MSc, Department of Surgery, Faculty of Veterinary Medicine, Adnan Menderes University, 09016 Isikli, Aydın, Turkey

² Professor, Department of Surgery, Faculty of Veterinary Medicine, Adnan Menderes University, 09016 Isikli, Aydın, Turkey

Received: 29.04.2026

Accepted: 08.07.2026

Abstract

Postoperative intra-abdominal adhesions remain a major complication following abdominal surgery and may lead to intestinal obstruction, infertility, chronic abdominal pain, and difficulties during repeat surgical procedures. This experimental study investigated the effects of intraperitoneally administered flunixin meglumine, metamizole sodium, diclofenac sodium, and carprofen on postoperative adhesion formation in a rat cecal abrasion model. Sixty female Sprague–Dawley rats were randomly allocated into six groups including sham, control, flunixin meglumine, metamizole sodium, diclofenac sodium, and carprofen groups (n=10 each). Following standardized cecal abrasion, the treatment agents were administered intraperitoneally immediately after induction of peritoneal injury. Adhesion formation was evaluated macroscopically on postoperative day 10 using the Nair adhesion scoring system. Hematological and biochemical parameters together with tissue hydroxyproline concentrations were also analyzed. All treatment groups demonstrated significantly lower adhesion scores compared with the control group. Metamizole sodium and carprofen produced the most pronounced reduction in adhesion severity. Hydroxyproline concentrations were significantly lower in the carprofen group compared with the flunixin meglumine, metamizole sodium, and diclofenac sodium groups. The findings suggest that intraperitoneal administration of selected NSAIDs may reduce postoperative intra-abdominal adhesion formation and may represent a supportive pharmacological strategy for adhesion prevention.

Key words: Intra-abdominal adhesion, NSAID, Hydroxyproline, Rat, Peritoneal adhesion

* **Corresponding Author:** Nuh Kılıç, Professor, Department of Clinical Science, Department of Surgery, Faculty of Veterinary Medicine, Adnan Menderes University, 09016 Isikli, Aydın, Turkey
E-mail: nkilic@adu.edu.tr



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