

GI surgical outcomes worse with preop use of opioids, sedatives

August 13 2020



(HealthDay)—Preoperative opioid and sedative use are risk factors for

morbidity and mortality following colorectal resections, according to a study published in the July issue of *Diseases of the Colon & Rectum*.

Tong Gan, M.D., from University of Kentucky in Lexington, and colleagues retrospectively evaluated the impact of [preoperative opioid](#), sedative, and antidepressant use on postoperative morbidity and mortality following colorectal surgery. The analysis included all 1,201 [patients](#) 18 years of age and older who underwent colorectal resection for any indication except trauma between 2013 and 2016.

The researchers found that 30.2 percent used opioids, 18.4 percent used sedatives, and 28.3 percent used antidepressants preoperatively. There were significantly increased rates of intra-abdominal infection among patients on these medications (opioids, 21.5 percent; sedatives, 23.1 percent; antidepressants, 22.4 percent). Additionally, patients on these medications had prolonged intubation (opioids, 11.0 percent; sedatives, 12.2 percent; antidepressants, 10.9 percent). There was a two-day prolonged [hospital stay](#) among patients on either opioids or sedatives. Taking opioids alone was associated with an increased likelihood of having ostomy creation (51.5 percent), dirty/infected wound classification (21.8 percent), prolonged operation time (23.4 percent), and higher rates of readmission (17.9 percent). Opioid and sedative use were associated with increased 30-day morbidity and mortality following colorectal procedures when controlling for all significant predictors (odds ratio, 1.43 and 1.48, respectively).

"Most colorectal resections are elective in nature, so we want to focus on the use of opioids and sedatives and counsel patients on the need to decrease the use of these drugs before surgery," a coauthor said in a statement.

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Citation: GI surgical outcomes worse with preop use of opioids, sedatives (2020, August 13)
retrieved 2 February 2024 from
<https://medicalxpress.com/news/2020-08-gi-surgical-outcomes-worse-preop.html>

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