

Almost one in three patients used no opioids prescribed after surgery, survey finds

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Nearly a third of patients responding to a Mayo Clinic survey said they used none of the opioids they were prescribed after surgery. The research findings, presented Thursday, April 19 at the American Surgical Association annual meeting, also show that only about 8 percent of patients disposed of their remaining opioids.

The researchers also found that:

- At discharge, 92 percent of patients received an opioid prescription.
- Of the opioids prescribed, 63 percent went unused.
- Ninety percent of patients were satisfied with their pain control.
- Twenty-eight percent said they were prescribed too many opioids, while 8 percent said they were prescribed too few.
- The median amount of opioids consumed per patient equaled about six pills of 5-milligram oxycodone.

The number of opioids patients needed after discharge also varied significantly depending on the type of surgery. To conduct the research, a cross-specialty team of physicians and researchers surveyed 1,907 patients who underwent 25 common surgeries at three academic medical centers.

"This research provides a road map for physicians and surgical departments. It shows there are certain surgeries and types of patients who are likely receiving significantly more opioids than needed," says

Elizabeth Habermann, Ph.D., who is the senior author. Dr. Habermann is the Robert D. and Patricia E. Kern Scientific Director for Surgical Outcomes.

In addition, the findings identify factors that can help develop guidelines and optimize opioid [prescriptions](#) patients receive after surgery. Based on this research and the team's previous findings, Mayo Clinic has implemented evidence-based opioid prescribing guidelines specific to surgical areas, beginning with the Department of Orthopedic Surgery. There, the guidelines already have led to a considerable reduction in opioid prescriptions. As one example, the median amount prescribed dropped by half for total knee and total hip surgeries.

"These new Mayo Clinic guidelines allow prescribers to tailor their prescribing to address the needs of patients who need very little or no opioids, along with those who need more pain control, while still optimizing and reducing prescribing across the board," says lead author Cornelius Thiels, D.O., a general [surgery](#) resident in the Mayo Clinic School of Graduate Medical Education.

Patient factors associated with a lower use of opioids include older age, no history of anxiety, and a lower pain score at discharge. Factors that could potentially predict the need for more opioids include those younger in age, a history of anxiety and a higher pain score at discharge.

"Opioid prescribing guidelines should be based on evidence, considering patient factors and the type of procedure, but also allowing for prescriber discretion," Dr. Habermann says. "This research and numerous other opioid prescribing projects at Mayo Clinic are about identifying the best approach for each individual patient, whether that's increasing, decreasing or maintaining prescription levels."

The researchers also suggest that the current one-size-fits-all maximums

for opioid prescribing that are being advocated by many prescription drug plans and legislators to treat acute pain may not be in patients' best interest.

"They are not patient-centered and may inadvertently encourage both over- and underprescribing," Dr. Thiels says. "This highlights to us the importance of developing procedure-specific, evidence-based discharge opioid prescribing guidelines."

The researchers add that when [patients](#) don't dispose of their excess opioids, more of the drugs are available for potential use by others who didn't receive the prescription, contributing to the opioid issues facing the U.S. They say reducing prescriptions, when appropriate, and educating communities on proper disposal will reduce that risk.

Opioid prescription totals in the U.S., while decreasing from 2011 to 2015, were still three times higher in 2015 than in 1999, according to the newest data from Centers for Disease Control and Prevention. And from 1999 to 2016, the number of [opioid](#) overdose deaths increased fivefold, the CDC says.

Provided by Mayo Clinic

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