

AAO/HNS issue guideline for opioid use after otolaryngologic surgery

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and dispose of unused opioids. In addition to these strong recommendations, other recommendations from the guideline development group include provision of advice prior to surgery relating to the expected duration and severity of pain; gathering of patient-specific information that may modify the severity and/or duration of pain; evaluation of the need to modify the analgesia plan; promotion of shared decision-making by informing patients about the benefits and risks of postoperative pain treatments; development of a multimodal plan for managing postoperative pain; and limiting opioid treatment to the lowest effective dose and shortest duration.

"The guideline also emphasizes the importance of counseling patients and identifying patient- and procedure-related factors that can inform shared decision-making," Anne said in a statement.

Several authors disclosed financial ties to the pharmaceutical and other industries.

More information: [AAO/HNS Clinical Practice Guideline](#)

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(HealthDay)—In a clinical practice guideline issued by the American Academy of Otolaryngology/Head and Neck Surgery Foundation and published online April 6 in *Otolaryngology-Head and Neck Surgery*, recommendations are presented for improving postoperative pain control while reducing the risk for opioid use disorder (OUD) among patients undergoing common otolaryngologic surgical procedures.

Samantha Anne, M.D., from the Head & Neck Institute in Cleveland, and colleagues identified quality improvement opportunities in postoperative pain management for common otolaryngologic surgical procedures.

According to the guidelines, when analgesia using opioids is anticipated, clinicians should identify [risk factors](#) for OUD prior to surgery; clinicians should advocate for nonopioid medications as first-line pain management after otolaryngologic surgery; and clinicians should recommend that patients or their caregivers store prescribed opioids securely

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