Best Practices for Post-Surgical Opioid Prescribing

Opioid misuse/dependence/addiction is a public health crisis. While opioid dependence is associated with individuals who use them for chronic pain, long-term opioid use often begins with treatment of acute pain, including patients who are recovering from surgical care. In fact, research shows becoming a new chronic opioid user is the most common post-surgical complication – and prescribing often exceeds pain management needs.

Adopting opioid prescribing best practices in ambulatory surgery centers will help ensure that patients who truly need opioids to treat their pain have appropriate access, while expanding knowledge about non-opioid medications, techniques, and resources available to the medical community and patients for optimal pain control and protecting patient safety.

#1

Develop a Pain Plan with Patients

- Start with a discussion about treatment goals, pain management expectations, and duration of post-procedure pain.
- Prescribe medication according to the latest guidelines and ensure patients understand how it will affect their body.
- Discuss options for pain management other than opioids: over-the-counter medications like NSAIDS, occupational and/or physical therapy, acupuncture, chiropractic care, stress management, exercise, massage, etc.
- Encourage patients to keep a pain diary to better understand what works, and incorporate other pain treatments as needed.
- Identify support networks for patients.

#2

Screen for Risk

- Check the medical record for prior use of prescribed opioids.
- Check CURES database to review patients' controlled substance history that may not be flagged in the medical record.
- Ask about individual and family behavioral, social and physical histories that may impact a patient's response to opioids, including a history of addiction, depression or anxiety or excessive use of alcohol, tobacco or drugs.

#3

Prescribe Wisely

- Combine opioids with non-opioid adjuvants like acetaminophen and NSAIDs to improve pain control at lower opioid doses.
- Use low dose, oral, short-acting opioids for the shortest duration possible. Set default number of pills prescribed to the lowest number to effectively address postoperative pain – in most cases, a supply for no more than seven days.
- Adjust dosage for "as needed" medication for age and comorbidities.

#4

Inform and Educate

- As part of the pre-operative consultation, ask patients to watch the CASA/CSA educational video and read the patient information brochure on safe opioid use. Remind them that your staff are there to answer any questions they may have about these resources.
- Warn patients pre- and post-operatively about the dangers of opioids and drug combining without physician oversight.
- Use non-stigmatizing and non-judgmental language that encourages an ongoing dialogue.
- Counsel patients and caregivers on proper storage and disposal of medication.

#5

Exercise Overdose and Diversion Prevention

- In accordance with CA law, offer a prescription for naloxone when the opioid prescription is 90 or more MME per day, or the opioid is prescribed concurrently with a prescription for benzodiazepine, or the patient presents with an increased risk for overdose.
- Educate patients about the dangers of nonprescribed use of opioids.
- Remind patients to call their doctor's office for a follow-up visit after surgery – this appointment can be used to discuss any ongoing issues with healing or pain, and ensure opioid use has been discontinued.
- Share information on local medication take-back locations.

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