Prescribing recommendations for opioid-naïve surgical patients developed by Michigan-OPEN, based on Michigan Surgical Quality Collaborative’s patient-reported data and published studies.

These recommendations meet or exceed 75% of patients’ self-reported use.

Counseling patients about pain & opioid use after surgery

- Set pain expectations in relation to procedure
- Focus on non-opioid pain management alternatives
  - NSAIDs, acetaminophen
  - physical therapy
  - acupressure
  - meditation/mindfulness breathing
- Discuss appropriate use
  - only for acute surgical pain
  - not for chronic pain, sleep or mood
- Discuss adverse effects
  - nausea, vomiting, constipation
  - risk of dependence
  - addiction
  - potential overdose
- Educate on proper storage and safe disposal
  - Learn where to SAFELY dispose of unused opioids at: Michigan-OPEN.org/takebackmap

Michigan-OPEN.org

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Q: Why am I being asked to change my opioid prescribing practices?
• Postoperative opioid prescribing varies significantly.1
• Greater than 70% of prescribed pills went unused by patients.1, 2
• Patients who received smaller opioid prescriptions after the intervention reported using fewer opioids.3
• Evidence-based opioid prescribing guidelines for the perioperative period are needed to enable tailored prescribing and reduce the excess of opioid pills within patients’ communities.4

Q: Will my patient satisfaction scores be impacted by prescribing fewer opioids?
• No correlation was found between HCAHPS pain measures and postoperative opioid prescribing.5
• Clinicians can feel empowered to reduce their initial opioid prescription without impacting patient satisfaction.5

Q: How likely is persistent opioid use after surgery?
• Approximately 6-10% of opioid naïve (before surgery) patients continue to use opioids more than three months after surgery.6, 7, 8
• Many patients continue to use their opioids for reasons other than surgical pain.6, 8
• New persistent opioid use after surgery is an underappreciated surgical complication that warrants increased attention.6, 7, 8

Q: Will I be asked to refill prescriptions more frequently if I initially prescribe fewer opioids?
• The probability of a patient refilling a postoperative opioid prescription was not correlated with their initial prescription amount.9
• Surgeons could prescribe smaller opioid prescriptions without influencing the probability of a refill request.9
• Implementation of evidence-based prescribing guidelines reduced post-laparoscopic cholecystectomy opioid prescribing by 63% without increasing the need for medication refills.3

References