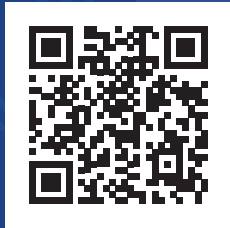


Prescribing recommendations for opioid-naïve\* surgical patients developed by Michigan-OPEN, patient-reported data and published studies.

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



**opioidprescribing.info**

Download prescribing recommendations in PDF or Excel, sign up for notifications of updated recommendations and additional procedures.

\*No opioid use in the year prior to surgery

**Michigan-OPEN.org**

## Counseling

patients about **pain & opioid** use after surgery

- ❑ Set pain expectations in relation to procedure
- ❑ Focus on post-operative functional goals. Ability to:
  - eat
  - move
  - breathe deeply
  - sleep
- ❑ Focus on non-opioid pain management alternatives
  - NSAIDs, acetaminophen
  - physical therapy
  - acupressure
  - meditation/mindful breathing
- ❑ Discuss appropriate use
  - only for acute surgical pain
- ❑ Discuss adverse effects
  - nausea, vomiting, constipation
  - risk of dependence
  - addiction
  - potential overdose
  - diversion
- ❑ Educate on safe storage and disposal
  - Find a local medication drop box at: Michigan-OPEN.org/takebackmap

Michigan OPEN is partially funded by the Michigan Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, and National Institute on Drug Abuse.

evidence-based  
**reasons**  
to change opioid  
prescribing practices

**OPEN**  
OPIOID PRESCRIBING ENGAGEMENT NETWORK

The **evidence** found

**6-10%**

**of surgical patients become new persistent opioid users**

(A significant surgical complication)



**NO**  
**correlation**

between probability of refill and amount of opioid prescribed

Greater than

**70%**

of prescribed opioids go unused



**NO**  
**correlation**

between patient satisfaction scores and amount of opioid prescribed

**Q: Why are prescribers being asked to change their opioid prescribing practices?**

- Postoperative opioid prescribing varies significantly.<sup>1</sup>
- Greater than 70% of prescribed pills went unused by patients.<sup>1,2</sup>
- Patients who were prescribed fewer opioids reported using fewer opioids.<sup>3</sup>
- 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.<sup>4</sup>
- Prescription size was the strongest predictor of patient consumption.<sup>5</sup>

**Q: Will patient satisfaction scores be impacted by prescribing fewer opioids?**

- No correlation was found between HCAHPS pain measures and postoperative opioid prescribing.<sup>6</sup>
- Prescribers can feel empowered to reduce their initial opioid prescription without impacting patient satisfaction.<sup>6</sup>

**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.<sup>7,8,9</sup>
- Many patients continue to use their opioids for reasons other than surgical pain.<sup>7,9</sup>
- New persistent opioid use after surgery is an underappreciated surgical complication that warrants increased attention.<sup>7,8,9</sup>

**Q: Will patients request more prescription refills if initially prescribed fewer opioids?**

- The probability of a patient refilling a postoperative opioid prescription was not correlated with their initial prescription amount.<sup>10</sup>
- Prescribers could prescribe smaller opioid prescriptions without influencing the probability of a refill request.<sup>10</sup>
- Implementation of evidence-based prescribing guidelines reduced post-laparoscopic cholecystectomy opioid prescribing by 63% without increasing the need for medication refills.<sup>3</sup>

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