These prescribing recommendations, developed by Michigan OPEN for patients with no preoperative opioid use, were informed by patient-reported data from our Collaborative Quality Initiative (CQI) partners, published studies and expert opinion.

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

*No opioid use in the year prior to surgery

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Q: Why are prescribers being asked to change their opioid prescribing practices?
- Postoperative opioid prescribing varies significantly.¹
- Greater than 70% of prescribed pills went unused by patients. ¹,²
- Patients who were prescribed fewer opioids reported using fewer opioids with no change in pain scores.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
- Prescription size was the strongest predictor of patient consumption.⁵

Q: Will patient satisfaction scores be impacted by prescribing fewer opioids?
- No correlation was found between HCAHPS pain measures and postoperative opioid prescribing.⁶
- Prescribers can feel empowered to reduce their initial opioid prescription without impacting patient satisfaction.⁶

Q: How likely is persistent opioid use after surgery?
- Approximately 6–10% of opioid naive (before surgery) patients continue to use opioids more than three months after surgery.⁷,⁸,⁹
- Many patients continue to use their opioids for reasons other than surgical pain.⁷,⁹
- New persistent opioid use after surgery is an underappreciated surgical complication that warrants increased attention.⁷,⁸,⁹

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.¹⁰
- Prescribers could prescribe smaller opioid prescriptions without influencing the probability of a refill request.¹⁰
- Implementation of evidence-based prescribing guidelines reduced post-laparoscopic cholecystectomy opioid prescribing by 63% without increasing the need for medication refills.³

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**references**