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IMPROVE OPIOID PRESCRIBING PRACTICES AFTER SURGERY



4 EVIDENCE- BASED REASONS

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Evidence. Resources. Engagement.

EVIDENCE SHOWS:

Greater than

70% of prescribed opioids are not used^{1,2}

Reducing opioid prescribing improves the safety for patients, families, and communities

- Postoperative opioid prescribing varies significantly¹
- Prescription size was the strongest predictor of patient consumption³
- Evidence-based opioid prescribing guidelines for the perioperative period are needed to enable tailored prescribing for patients and reduce excess opioid pills within communities⁴

NO CORRELATION

between patient satisfaction scores and amount of opioid prescribed⁵

Prescribing more opioids does not improve patient satisfaction

- Patients who were prescribed fewer opioids reported using fewer opioids with no change in pain scores⁶
- Prescribers can feel empowered to reduce their initial opioid prescription without impacting patient satisfaction⁵

NO CORRELATION
between probability of refill and amount of opioid prescribed⁷

Prescribing fewer opioids initially does not correlate with an increase in refill requests

- Prescribers could prescribe smaller opioid prescriptions without influencing the probability of a refill request⁷
- Implementation of evidence-based prescribing guidelines reduced post-laparoscopic cholecystectomy opioid prescribing by 63% without increasing the need for medication refills⁶

6-10%

of surgical patients develop new persistent opioid use^{8,9,10}

New persistent opioid use is one of the most common surgical complications

- Many patients continue to use their opioids for reasons other than surgical pain^{9,10}
- New persistent opioid use after surgery is an underappreciated surgical complication that warrants increased attention^{8,9,10}

**OPEN
Prescribing
Recommendations**

