

References

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Counseling

patients about **pain & opioid** use after dental procedures

- ❑ Set pain expectations in relation to procedure
- ❑ Focus on post-procedure functional goals. Ability to:
 - eat
 - move
 - breathe deeply
 - sleep
- ❑ Focus on non-opioid pain management alternatives:
 - NSAIDs, acetaminophen
 - ice
 - soft foods
 - meditation/mindful breathing
- ❑ Discuss appropriate use:
 - opioids not needed for most dental procedures
 - when needed, only for acute 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

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DENTAL

evidence-based
reasons
to change opioid
prescribing practices

OPEN
OPIOID PRESCRIBING ENGAGEMENT NETWORK

The **Evidence** shows

6.9%

of adolescents & young adults receiving dental opioids become new persistent opioid users. ⁷

(often their first exposure to opioids)

In comparison to opioids, over-the-counter

NSAIDS and acetaminophen proved as effective

at acute dental pain management with

less risk. ¹

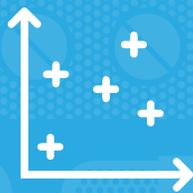
(ADA: use NSAIDS as the first line therapy)



In outpatient dental surgery,

54%

of prescribed opioids go unused. ²



NO correlation

between probability of refill or patient satisfaction scores and amount of opioids prescribed

Becoming a new chronic opioid user is one of the most common surgical complications.

- In adolescents and young adults who received dental opioids, 6.9% went on to become new persistent opioid users and 5.8% had an opioid abuse or overdose related encounter. ⁶
- Filling an opioid after wisdom tooth removal resulted in more than three times the risk of becoming a new persistent opioid user. ⁷
- Many patients continue to use their opioids for reasons other than surgical pain. ⁸
- New persistent opioid use after surgery is an underappreciated surgical complication that warrants increased attention. ⁸
- Most adolescents believe that prescription opioids are safer than other substances of abuse. ⁹

Acetaminophen and ibuprofen are as effective as opioids in managing pain.

- A combination of ibuprofen and acetaminophen is more effective at dental pain control than combinations with opioid medications and this combination carries less risk of adverse events. ¹
- In outpatient dental surgery, 54% of prescribed opioids go unused. ²
- Patients who were prescribed fewer opioids reported *using* fewer opioids with no change in pain scores. ³

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, dental quality improvement projects, published studies and expert opinion.

Opioids do not improve patient satisfaction.

- Patients who used opioids for pain management after tooth extractions reported significantly higher levels of pain as compared to non-users. ⁴
- Dental patients' satisfaction scores did not change between pain management opioid users and nonusers. ⁴
- No correlation was found between HCAHPS pain measures and postoperative opioid prescribing. ⁵
- Prescribers can feel empowered to reduce their initial opioid prescription without impacting patient satisfaction. ⁵
- 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



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

*No opioid use in the year prior to surgery