

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.



opioidprescribing.info

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

*No opioid exposure 11 months before the perioperative period.

Michigan-OPEN.org

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

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evidence-based
reasons
for changing the way
you prescribe opioids

OPEN
OPIOID PRESCRIBING ENGAGEMENT NETWORK

The **evidence** found

6-10%

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 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

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