Western Surgical Association
2020 Annual Meeting
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– Virtual Meeting –
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**Q 1. THE EFFECT OF POSTOPERATIVE OPIOID USE ON DISCHARGE OPIOID PRESCRIBING IN THE SETTING OF ERAS**

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**Background**: Enhanced Recovery After Surgery (ERAS) has become widely accepted within the colorectal surgery community as an effective way of improving outcomes after surgery. A major component of ERAS is minimizing opioid utilization during the inpatient hospitalization. Motivation for this study was to assess current opioid discharge prescribing patterns from which a standardized approach could be created for both opioid and non-opioid discharge prescriptions. The current inpatient pain medication protocol on the colorectal surgery service at our institution includes pre-, intra-, and post-operative phases with each phase utilizing a multi-modal approach to minimize opioid usage.

**Methods**: A retrospective chart review was conducted with IRB approval for patients who had undergone surgery via abdominal or perineal approach by two colorectal surgeons at a large academic center between January 2018 and December 2019. Data collected from each chart included age, race, BMI, type of surgery performed, postoperative opioids prescribed and used, and discharge opioids prescribed. Particular attention was paid to the opioids used the day before discharge (DBD) because this is a reasonable assessment of the patients discharge opioid needs at the time of discharge decision. Statistical analysis using Chi square and T test were then used to assess for correlation between postoperative opioid usage and discharge opioid prescriptions.

**Results**: A total of 193 patients who underwent a variety of elective perineal and intra-abdominal surgery by two colorectal surgeons were reviewed. 84 of these patients received no opioid medications on the DBD. These patients received on average 101 morphine milligram equivalents (MME) on discharge whereas those with non-zero DBD opioid usage received on average 208 MME on discharge ($p<0.05$). Of the 84 patients who received no opioids DBD, 70 were prescribed an opioid on discharge. These 70 were considered to have been possibly overprescribed discharge opioids. Comparing those who were possibly overprescribed versus those not overprescribed, 91% vs 67% received a tramadol prescription ($p<0.05$) and 11% vs 36% received a norco or oxycodone prescription ($p<0.05$). When looking at who was prescribing discharge medications, residents prescribed 153 MME on average and the colorectal surgery physician assistant prescribed 204 MME on average but this difference did not reach statistical significance. An additional finding noted in this chart review was that 57.9

percent of patients were prescribed an IV narcotic postoperatively but did not receive a dose of IV narcotics.

**Conclusion**: Using our current ERAS protocol, a large number of patients are achieving adequate pain management on the day before discharge without opioids. However, a large number of these patients are still being prescribed opioids on discharge. The majority of those who are possibly overprescribed are being given tramadol, with only 11% receiving norco or oxycodone. There was variability noted when looking at prescribing patterns of residents and PAs, with variability even noted amongst residents. Our ERAS protocol has reduced opioid usage in the inpatient setting, but further standardization along with assessment of post-discharge opioid consumption could be implemented to ensure that overprescribing of discharge opioids does not occur.