

Study documents opioid abuse following urologic surgery

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About 1 in 1,111 patients who undergo urologic surgery for conditions such as prostate cancer and kidney stones experience opioid dependence or overdose (ODO), a Loyola Medicine study has found.

Patients at highest risk for ODO were younger, underwent inpatient [surgery](#), had longer hospital stays, were on Medicaid or Medicare or had a history of depression or chronic [obstructive pulmonary disease](#).

The study by co-first authors Arpeet Shah, MD, and Robert Blackwell, MD, and senior author Gopal Gupta, MD, is published in the *Journal of Urology*.

The opioid epidemic is a growing problem in the United States. Every day, more than 90 Americans die after overdosing on opioids, and the economic burden of prescription opioid misuse in the United States totals \$78.5 billion per year, according to the National Institute on Drug Abuse. In 2012, 259 million prescriptions were written for opioids - enough to supply every American adult with a prescription.

"With the rates of opioid dependence and overdose skyrocketing and physician prescriptions representing the center of the supply chain, it is imperative for surgeons to balance the pain-control needs of patients with the devastating consequences of America's epidemic," researchers wrote.

Opioids are a class of drugs that include illegal drugs such as heroin and

legal pain relievers including Oxycontin, Vicodin, codeine and morphine.

"It is a surgeon's ethical duty and legal responsibility to help minimize patient discomfort after surgery," Loyola researchers wrote. "However, the ubiquitous use of opioids has led to a growing epidemic of addiction, dependence and overdose."

Researchers reviewed the records of 675,527 patients who underwent inpatient and outpatient urologic surgery between 2007 and 2011. Researchers used powerful computers to mine data from the Healthcare Cost and Utilization Project Inpatient, Ambulatory Surgery and Emergency Department data sets. Patients who had been diagnosed with ODO prior to surgery were excluded from the study.

Urologic surgeries include kidney stone removals, hernia repairs and surgeries involving the prostate, kidney and bladder. Overall, 0.09 percent of patients were diagnosed with ODO within a year of surgery. This is consistent with findings from previous studies.

"While rare, this potentially devastating complication is likely under-reported, as many of those with an [opioid](#) dependence are not diagnosed until they seek treatment or have a complication from the dependence such as overdose," researchers wrote.

The highest rates of ODO occurred among patients who underwent kidney stone procedures (0.15 percent) or major kidney surgery (0.12 percent).

Physicians can reduce ODO by implementing such measures as screening for ODO risk factors when scheduling surgery and using the shortest duration and lowest effective doses possible. No patient should be prescribed opioids for more than two weeks, and [patients](#) should be re-

evaluated to determine whether refills are necessary.

The study is titled "Rates and risk factors for [opioid dependence](#) and overdose after [urologic surgery](#)."

More information: Arpeet S. Shah et al, Rates and Risk Factors for Opioid Dependence and Overdose After Urologic Surgery, *The Journal of Urology* (2017). [DOI: 10.1016/j.juro.2017.05.037](https://doi.org/10.1016/j.juro.2017.05.037)

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