

# **New clinical protocol after general surgery cuts opioid prescribing in half**

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## NEW CLINICAL PROTOCOL AFTER GENERAL SURGERY CUTS **OPIOID** PRESCRIBING IN HALF

The results showed that in the **STOP narcotics group**, compared to a control group, there was a

**50 per cent**

reduction in the number of opioids being prescribed.

Increased proper disposal of excess opioid medication:

**23 per cent**

in the **STOP Narcotics group** and only

**7 per cent**

in the control group.

The levels of reported **patient pain** were essentially the same in both groups. **(2.3 vs. 2.1 on a scale of 1-10)**

In the **STOP narcotics group**, only

**45 per cent**

of patients filled their opioid prescription, compared to

**95 per cent**

in the control group.

Credit: Lawson Health Research Institute

In recent years deaths from opioid overdoses have become one of the most common injury-related deaths in North America. The continent

also has the highest per capita rate of opioid prescription in the world.

Recognizing the role that opioid prescribing plays in the opioid crisis, a team of researchers at Lawson Health Research Institute and Western University have developed a new clinical protocol called STOP Narcotics. A study demonstrating the efficacy of their protocol is being presented at the American College of Surgeons Clinical Congress in Boston, Massachusetts on October 24.

The protocol includes a combination of patient and health care provider education and an emphasis on non-opioid pain control. The study found that they were able to reduce the overall amount of opioids being prescribed after [general surgery](#) by 50 per cent while still adequately treating a patient's post-operative pain.

"By significantly reducing the amount of opioids prescribed, this decreases the exposure risk and potential for misuse of narcotic medication," said Dr. Luke Hartford, a resident in general surgery at Western's Schulich School of Medicine & Dentistry and first author on the study. "This also decreases excess medication available to be diverted to individuals for whom it was not intended."

The study involved 416 patients at London Health Sciences Centre (LHSC) and St. Joseph's Health Care London who underwent laparoscopic cholecystectomy or open hernia repair. They received medication for post-operative pain through the standardized protocol, specifically acetaminophen (Tylenol) and a non-steroidal anti-inflammatory drug (Naproxen) for the first 72 hours post-surgery.

The protocol instructs physicians to write a limited prescription of ten pills of opioids (Tramadol), with an expiry date of seven days after surgery, with instructions for the patient to fill this prescription only if adequate pain control was not otherwise achieved. There are also

instructions on proper disposal of unused medication for the patient.

Dr. Ken Leslie, scientist at Lawson, associate professor in the Department of Surgery at Schulich Medicine & Dentistry, and Chair/Chief of the Division of General Surgery at London Health Sciences Centre led the implementation of the new protocol.

"We recognized that before STOP Narcotics, every surgeon had a different approach to pain control, and that most surgeons were prescribing more narcotics than are actually needed," said Dr. Leslie. "When we looked at the data from this new protocol, we saw that the patient's pain-control was just as good with this pathway, without a huge prescription for narcotics."

The results showed that in the STOP narcotics group, compared to a [control group](#), there was a 50 per cent reduction in the number of opioids being prescribed. They also demonstrated that only 45 per cent of patients actually filled their [opioid prescription](#), compared to 95 per cent in the control group, and they were also able to increase appropriate disposal of excess opioid medication from 7 per cent in the control group to 23 per cent in the STOP Narcotics group. The levels of reported post-operative pain were the same in both groups.

The group now hopes to expand the [protocol](#) for applications beyond general surgery.

"If we can decrease the [opioid](#) exposure risk in our patients, and decrease the amount of excess medication available for diversion, and spread this to other institutions and surgical procedures and specialties, this has the potential to significantly impact the [opioid crisis](#)," said Dr. Patrick Murphy, a resident in general [surgery](#) at Schulich Medicine & Dentistry and co-author on the study.

**More information:** Luke B. Hartford et al, Standardization of Outpatient Procedure (STOP) Narcotics: A Prospective Non-Inferiority Study to Reduce Opioid Use in Outpatient General Surgical Procedures, *Journal of the American College of Surgeons* (2018). [DOI: 10.1016/j.jamcollsurg.2018.09.008](https://doi.org/10.1016/j.jamcollsurg.2018.09.008)

Provided by Lawson Health Research Institute

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