

Knowledge gaps on opioid use after surgery offer opportunities for improving patient education

May 13 2021



Credit: CC0 Public Domain

Researchers at Hospital for Special Surgery (HSS) have identified gaps in patient knowledge about pain management and opioid use before total

hip replacement, including misconceptions about how much pain relief to expect from opioids after surgery, how to use multiple modes of pain relief (multimodal analgesia) safely and effectively, and proper opioid storage and disposal. These findings were presented at the 2021 Spring American Society of Regional Anesthesia and Pain Medicine (ASRA) Annual Meeting.

"Patients who are not taught about opioids and [pain](#) management may have difficulty with pain control and worse functional outcomes after total joint replacement," explained principal investigator Bradley Lee, MD, an anesthesiologist at HSS.

While research has shown benefits to educating [patients](#) about opioids, little is known about what patients understand about pain management prior to [surgery](#).

Dr. Lee and colleagues interviewed patients via a 15-minute phone call to learn about their perceptions of pain management and [opioid](#) use. Eligible patients included those between ages 18 and 80 undergoing [total hip replacement](#) who are English-speaking with a reading comprehension above the eighth grade level. Survey questions were written by Dr. Lee in collaboration with members of the [HSS Controlled Substances Task Force](#), an interdisciplinary committee focused on evidence-based opioid prescribing. Patients were instructed to answer the questions to the best of their ability, and if unsure to respond "I don't know."

Responses to the interviews revealed that while many patients acknowledge experiencing some pain after surgery is normal and that opioids should be used to reduce pain that limits function, many also believed that the goal of opioid use should be to experience minimal or no pain after surgery, reflecting somewhat inconsistent expectations.

Many patients were aware of the potential risk of addiction from opioid

use. However, many did not understand the role of multimodal analgesia—that multiple forms of pain relief should be used in combination to better relieve pain, and that use of non-steroidal anti-inflammatory drugs (NSAIDs) can improve pain after surgery and reduce opioid use.

There were also gaps in patient understanding of [opioid use](#) and disposal. While many recognized the importance of keeping opioids away from children, only 15% recognized the importance of locking up these medications. The researchers also found that about half of patients were unsure of how to properly dispose of opioids.

These results show potential areas of patient education that could improve patient expectations and satisfaction, pain relief, and safety. "Patients may benefit from clinicians providing a consistent message on pain expectations and the goal of using opioids after surgery to treat pain. Patients may also benefit from education about the role of multimodal analgesia, as well as proper methods of storage and disposal," Dr. Lee noted.

"Future research should focus on educational interventions that address gaps in patients' understanding of opioids and [pain management](#). Research should seek to identify which interventions are effective and how they affect outcomes," he concluded.

More information: "Evaluating Patient Perceptions of Pain Management and Opioid Use Prior to Hip Arthroplasty."
epostersonline.com/ASRASPRING21/node/598

Provided by Hospital for Special Surgery

Citation: Knowledge gaps on opioid use after surgery offer opportunities for improving patient education (2021, May 13) retrieved 21 June 2024 from

<https://medicalxpress.com/news/2021-05-knowledge-gaps-opioid-surgery-opportunities.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.