

Opioid prescribing after surgery remains the same for seniors, but doses are lower, study shows

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Although there has been no decrease in the number of opioid prescriptions seniors receive after surgery, the doses of those

prescriptions are lower, according to a study of more than a quarter million Canadian patients being presented at the Anesthesiology 2022 annual meeting.

"While it's good news that the doses in [opioid prescriptions](#) are being reduced, the fact that the actual number of opioid prescriptions filled has remained the same shows there is still an opportunity for improvement," said Naheed Jivraj, MBBS, MS, FRCPC, lead author of the study and a critical care medicine fellow at the University of Toronto, Ontario.

"That's particularly true for procedures associated with low postoperative pain that can be effectively controlled with non-opioid medications such as acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs)."

While opioids can be an important part of pain management after surgery, limiting their use, including by lowering the dose, is important since they can cause major side effects and lead to addiction, as well as a potentially deadly overdose.

To assess trends in filling pain prescriptions in the week after surgery, the researchers studied the records of 278,366 patients representing all adults in Ontario older than 65 who had one of 14 surgical procedures between 2013 and 2019. The surgical procedures in the study included: thyroid removal, appendix removal, hernia repair, laparoscopic or open removal of the gallbladder, removal of the prostate, open-heart surgery, laparoscopic or open colon removal, laparoscopic vaginal or abdominal hysterectomy, removal of the breast, hip replacement and knee replacement.

They identified an increase in patients filling non-opioid prescriptions (e.g., acetaminophen or NSAID) from 9% in 2013 to 28% in 2019. They found most patients also continued to receive a prescription that contained an opioid—76% in 2013 and 75% in 2019. However, the dose

of the opioid prescriptions decreased, from an average of 317 MME (morphine milligram equivalent) in 2013 to an average of 260 MME in 2019.

Most patients undergoing procedures such as removal of the appendix or thyroid can get [pain relief](#) from acetaminophen or an NSAID; however, few patients who had these procedures filled prescriptions for those non-opioid alternatives, researchers noted.

"Our study highlights how pain management practices are changing after surgery," said Dr. Jivraj. "The increase in seniors filling non-opioid prescriptions and the lower [opioid](#) dose may reflect the development of [surgery](#)-specific prescribing guidelines and the increasing use of anesthesiologist-championed Enhanced Recovery After Surgery protocols and other programs that focus on improving patient outcomes."

Provided by American Society of Anesthesiologists

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