

Pediatric surgical opioid prescribing concentrated among a few procedures

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Pediatric surgical opioid prescribing is concentrated among a small number of procedures, especially tonsillectomy and/or adenectomy, according to a study [published](#) online June 26 in *Pediatrics*.

Kao-Ping Chua, M.D., Ph.D., from the Institute for Healthcare Policy and Innovation in Ann Arbor, Michigan, and colleagues conducted a [cross-sectional analysis](#) of commercial and Medicaid claims to examine which surgical procedures account for the most pediatric surgical opioid prescribing.

Surgical procedures performed among patients aged 0 to 21 years from Dec 1, 2020, to Nov 30, 2021, were included in the analyses. The total amount of opioids in prescriptions dispensed within three days of discharge from surgery was calculated, as measured in morphine milligram equivalents (MMEs).

The researchers found that the top three procedures accounted for 59.1% of MMEs in [opioid prescriptions](#) dispensed after surgery among 107,597 procedures for patients aged 0 to 11 years: tonsillectomy and/or adenoidectomy (50.3%), open treatment of upper extremity fracture (5.3%), and removal of deep implants (3.5%). The top three procedures accounted for 33.1% of MMEs among 111,406 procedures for patients aged 12 to 21 years: tonsillectomy and/or adenoidectomy (12.7%), knee arthroscopy (12.6%), and cesarean delivery (7.8%).

"Targeting these procedures in opioid stewardship initiatives could help minimize the risks of opioid prescribing while maintaining effective postoperative pain control," the authors write.

One author disclosed ties to the [pharmaceutical industry](#) and has provided expert medical testimony.

More information: Kao-Ping Chua et al, Pediatric Surgical Opioid Prescribing by Procedure, 2020–2021, *Pediatrics* (2024). [DOI: 10.1542/peds.2024-065814](#)

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