

# Patients only use about half of opioids prescribed after hysterectomy: study

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Doctors may be prescribing nearly twice the number of opioids than what the average patient needs after a hysterectomy, a new study suggests.

Researchers at the University of Michigan tracked [opioid](#) use in roughly 100 women two weeks after undergoing a [hysterectomy](#) for benign reasons. Women were commonly prescribed about 40 hydrocodone pills, but on average, had nearly 22 leftover, according to the findings published in the December issue of *The Green Journal*, the official publication of the American College of Obstetricians and Gynecologists.

"A hysterectomy is the most common surgical procedure performed in nonpregnant women, which is why this a critical target for improvement in opioid prescribing," says lead author Sawsan As-Sanie, M.D. M.P.H., a gynecological surgeon at U-M's Von Voigtlander Women's Hospital and assistant professor of obstetrics and gynecology at the U-M Medical School.

"Our findings confirm that within our specialty there is a similar patterns of opioid prescribing as we are seeing in other surgical populations. We found that a small but meaningful portion of patients did not need any opioids after hysterectomy and most were given far more opioids than they said they used."

The study included 102 participants, each receiving either a laparoscopic (44, or 43.1%), vaginal (42 41.2%) or abdominal (16, or 15.7%) hysterectomy. Patients reported opioid consumption two weeks after hysterectomy through telephone surveys and written documentation.

Overall, 97 percent of women reported adequate pain control, and 40 percent felt that they received more opioids than needed after surgery. Several individual patient characteristics, such as chronic

pain elsewhere in the body prior to surgery, were associated with higher than average opioid use after hysterectomy.

Among gynecologic procedures, hysterectomy is the most frequently performed surgery, second only to Caesarian. Roughly 600,000 hysterectomies are performed a year in the U.S.

As-Sanie notes that it's important for doctors to take a personalized approach when prescribing opioids after hysterectomy.

"There is a lot of variability among post-surgical patients," As-Sanie says. "As we move more toward precision medicine and tailoring recommendations to individual patients, we hope to better identify specific patient factors that may be associated with how much pain medication should be prescribed."

"These studies will help us better understand what each patient needs for adequate pain management after these procedures."

The study contributes to the efforts of the Michigan Opioid Prescribing Engagement Network (Michigan-OPEN), which aims to halve both the amount of opioids prescribed to Michigan surgical patients, and the number of patients who still use opioids months after surgery. The Michigan-OPEN team will lead the University of Michigan's new Precision Health Research Initiative to identify risk factors that may increase the likelihood of someone becoming a chronic opioid user after surgery.

As-Sanie collaborated on the recent study with senior author Chad Brummett, M.D., one of Michigan-OPEN's leaders and director of the Division of Pain Research in the U-M Department of Anesthesiology.

"By educating both patients and surgeons involved with gynecologic procedures, we can significantly

reduce the amount of excess opioids in the community without harming [patients](#)," As-Sanie says.

Provided by University of Michigan

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