

Amount of opioids prescribed after hospital discharge varies

13 December 2017



confidence interval, 2.094 to 4.765], gynecology [adjusted odds ratio, 2.355; 95 percent confidence interval, 1.663 to 3.390], orthopedics [adjusted odds ratio, 0.943; 95 percent confidence interval, 0.719 to 1.242], and plastic surgery [adjusted odds ratio, 0.733; 95 percent confidence interval, 0.334 to 1.682]). The only service that did not have any cases of potential over-prescription was pediatric surgery.

"Opioids are not regularly prescribed in a patient-specific manner to postoperative [patients](#)," the authors write. "Potential opioid over-prescription occurs regularly after surgery among almost all surgical specialties."

One author disclosed financial ties to Smith & Nephew and Exploramed.

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(HealthDay)—For postoperative patients there is considerable variation in the amount of opioids prescribed at hospital discharge, according to research published online Dec. 13 in *JAMA Surgery*.

Eric Y. Chen, M.D., Ph.D., from Boston Medical Center, and colleagues conducted a retrospective record review of 18,343 postoperative patients who were discharged home after a postoperative inpatient admission of at least 24 hours.

The researchers found that given a postoperative patient's 24-hour pre-discharge [opioid](#) use, there was wide variation in the amount of opioids prescribed at [hospital discharge](#). Overall, 35.7 percent of patients used no opioids in the 24 hours before [discharge](#); 45.6 percent of these patients were prescribed opioids at hospital discharge. The services with the highest rates of potential over-prescription tended to have the highest rates of patients still using opioids at hospital discharge (obstetrics [adjusted odds ratio, 3.146; 95 percent

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