OBJECTIVES
Opioid overdose has surpassed motor vehicle accidents as the leading cause of injury-related deaths in the United States. 1

In the postoperative setting, opioid-naive patients are at increased risk for addiction, overdose, and diversion, particularly when provided with an excessive number of opioid medications. 2

Patients undergoing low-risk procedures who were prescribed opioids were 44% more likely to become long-term users at 1-year postoperatively compared to those who were not given an opioid prescription. 3

METHODS

DESIGN: A retrospective chart review performed at a high-volume, tertiary academic hospital. This study aimed to review prescription practices for laparotomy procedures and whether these exceeded the needs of the patients at the time of discharge.

PARTICIPANTS, SETTING, METHODS: The study included adult women (18 years of age) that underwent incision to the abdomen (laparotomy) for any gynecologic indication with a minimum of 24-hour stay following surgery.

RESULTS

- There were no significant differences in patient characteristics between the two prescription groups as seen in Table 1.
- 92% (n=2,121) of patients with a pain score equal to or less than five received a pain prescription at discharge.
- 29.4% (n=68) of those having a final pain scale reported as zero.
- 48.9% (n=1,117) of patients with a pain score of zero or no opioid medications used within 24 hours of discharge received an opioid prescription.

The most common medication prescribed was oxycodone-acetaminophen (51.3%), followed by oxycodone (27.0%) as seen in Table 2.

The proportion of patients who received opioid prescriptions at discharge remained high for the first year followed by a decrease in pain status in the last 24 hours before discharge.

Figure 1 shows a trend of decreasing OME prescribed in the last years for patients who had pain meds in the 24 hours and had a pain scale > 0.

TABLE 1: Patient Characteristics by Pain Prescription at Discharge

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Median (Q1, Q3)</th>
<th>Range</th>
<th>Race</th>
<th>Sex</th>
<th>Acute</th>
<th>Not Declared/Other</th>
<th>Ethnicity</th>
<th>Not Hispanic/Latino</th>
<th>Hispanic at Latinos</th>
<th>Not indicated</th>
<th>Declared</th>
<th>Sex</th>
<th>Mastectomy</th>
<th>Invasive</th>
<th>Medicaid</th>
<th>Commercial</th>
<th>Medicare</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>67 (65, 72)</td>
<td>34 - 98</td>
<td>15 - 16</td>
<td>188 (97.9)</td>
<td>106 (9.3)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
</tr>
</tbody>
</table>

TABLE 2: Summary of Pain Prescriptions and OME Provided at Discharge

<table>
<thead>
<tr>
<th>Overall</th>
<th>Median (Q1, Q3)</th>
<th>Range</th>
<th>Race</th>
<th>Sex</th>
<th>Acute</th>
<th>Not Declared/Other</th>
<th>Ethnicity</th>
<th>Not Hispanic/Latino</th>
<th>Hispanic at Latinos</th>
<th>Not indicated</th>
<th>Declared</th>
<th>Sex</th>
<th>Mastectomy</th>
<th>Invasive</th>
<th>Medicaid</th>
<th>Commercial</th>
<th>Medicare</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>67 (65, 72)</td>
<td>34 - 98</td>
<td>15 - 16</td>
<td>188 (97.9)</td>
<td>106 (9.3)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td>10 (0.9)</td>
<td></td>
</tr>
</tbody>
</table>

FIGURE 1: Yearly Trend of OME Prescription at Discharge by Status

- A single academic institution
- Inherent biases of retrospective analysis

CONCLUSIONS

- Standardized prescription practices may continue to exceed patient needs in the postoperative setting.
- Although enhanced recovery protocols and minimally invasive techniques correlate with a decreased length of stay, laparotomy patients continue to have higher postoperative pain needs and longer recovery times.
- The review of a patient’s pain control requirements during hospitalization can offer insight to appropriate opioid prescriptions for discharge.

REFERENCES