

Appropriate Opioid Prescriptions

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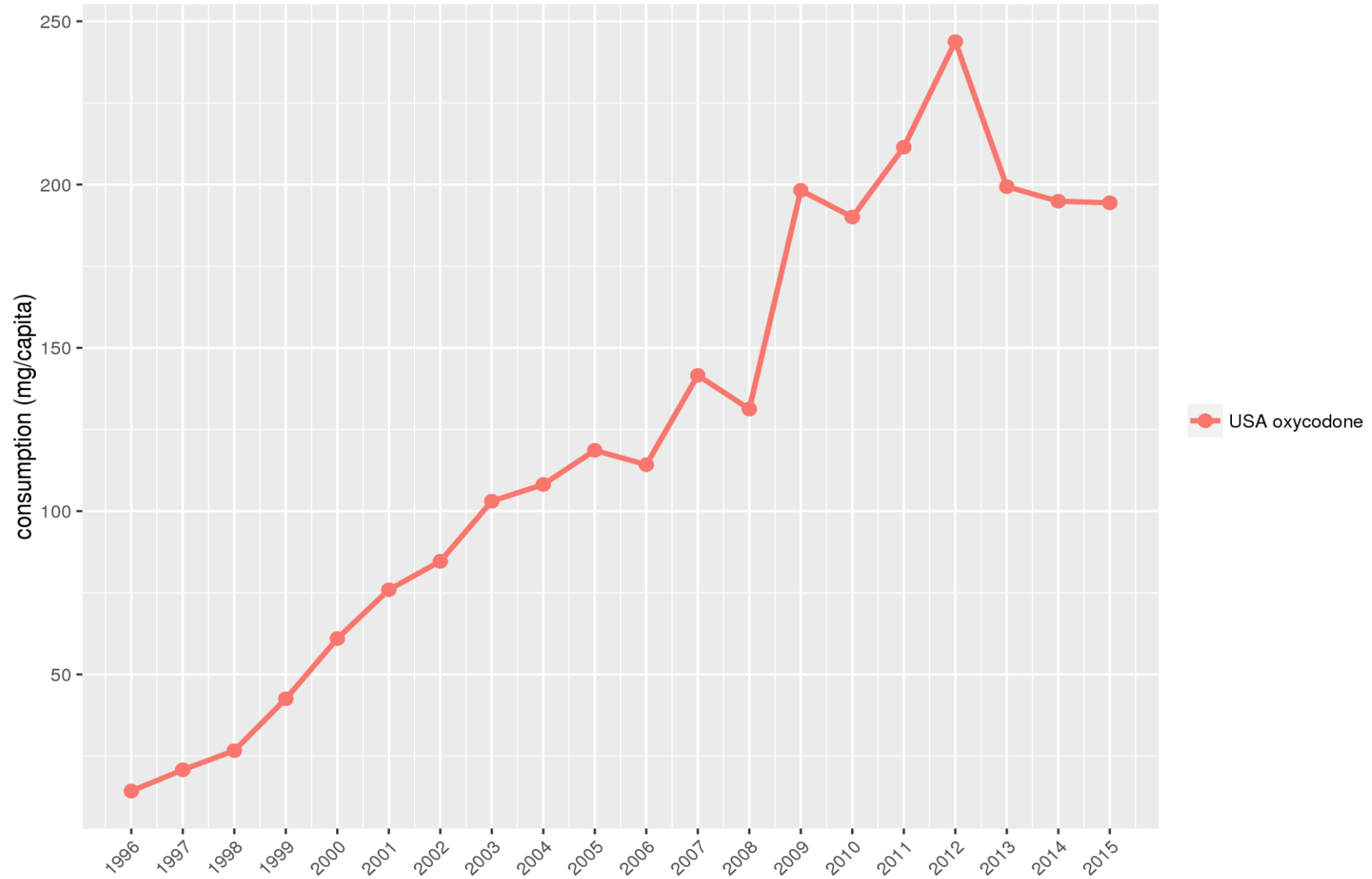
Overview

- Why focus on opioids? A brief history of the problem
- Overview of evidence and current research
- Ideas for quantity of pills for various procedures
- Future focus on pain management
- How do we move forward?
 - Develop guidelines
 - Disseminate the information
 - Consider hospital based efforts

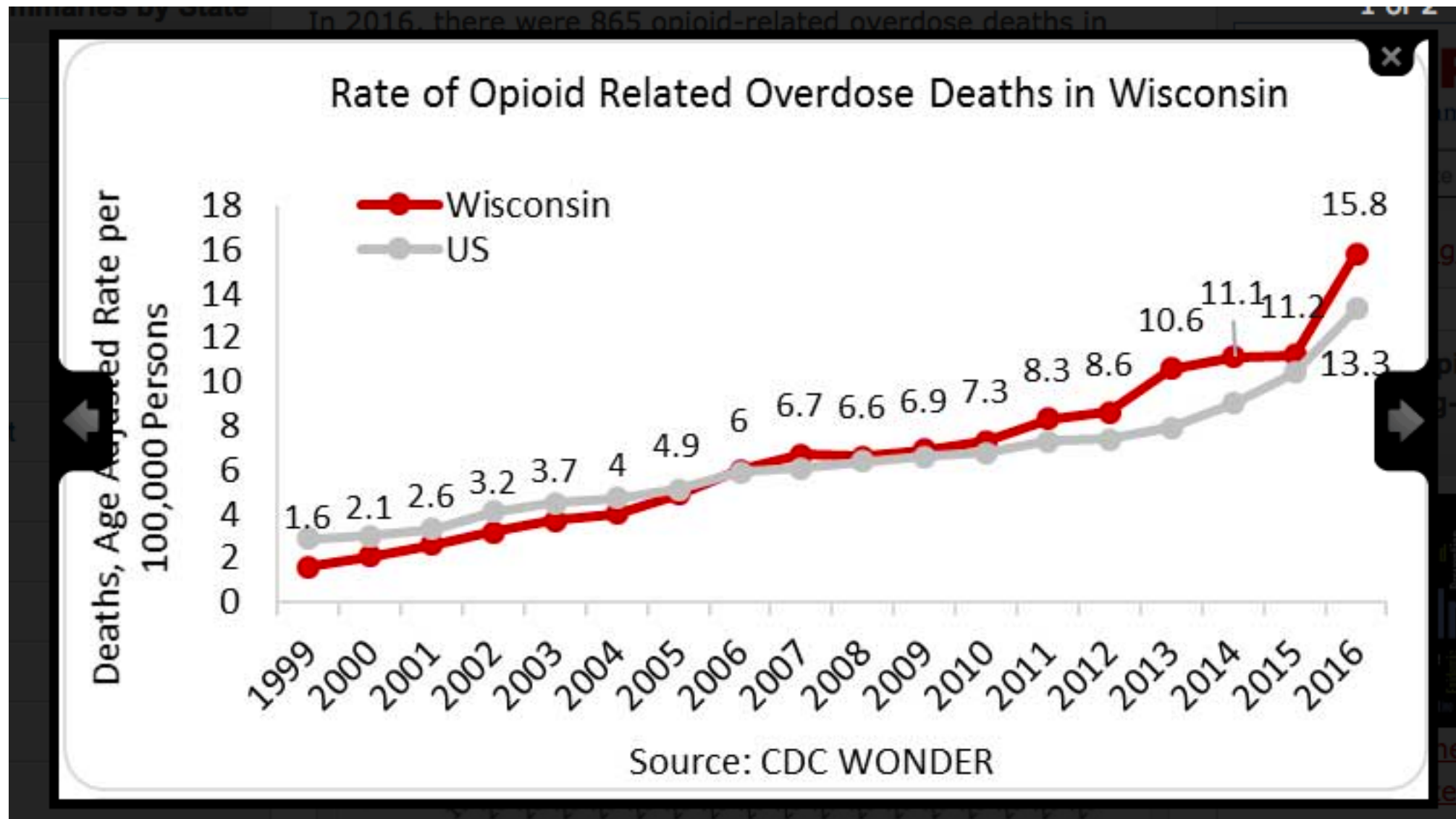
What do you think?

- A. I prescribe too many opioids
- B. I prescribe just the right number of opioids
- C. I don't prescribe enough opioids

USA oxycodone consumption (mg/capita) 1996-2015

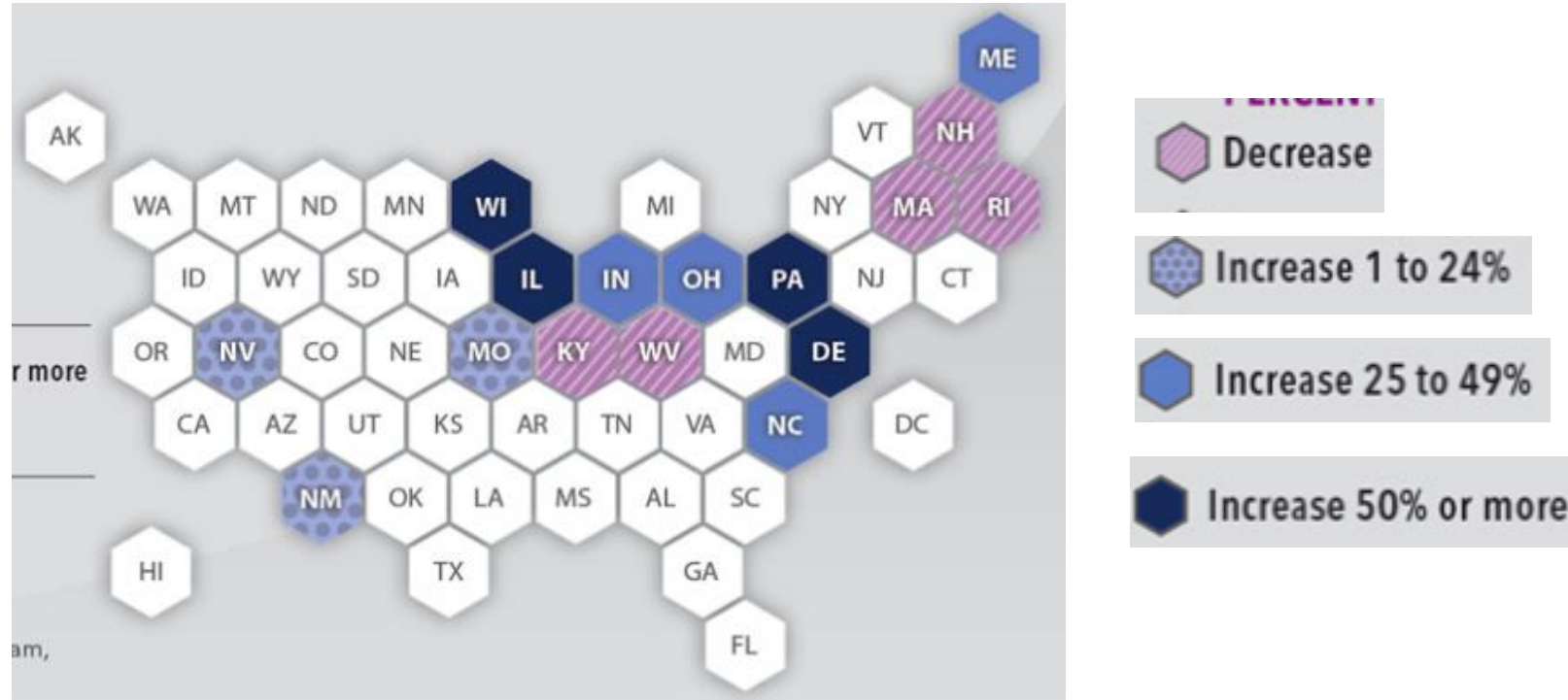


Sources: International Narcotics Control Board; World Health Organization population data
By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2018



<https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/wisconsin-opioid-summary>

Trends in ED visits for Opioid OD- WI highest.



SOURCE: CDC's Enhanced State Opioid Overdose Surveillance (ESOOS) Program, 16 states reporting percent changes from July 2016 through September 2017.

Heroin Deaths in Madison, WI (Police Chief Blog)

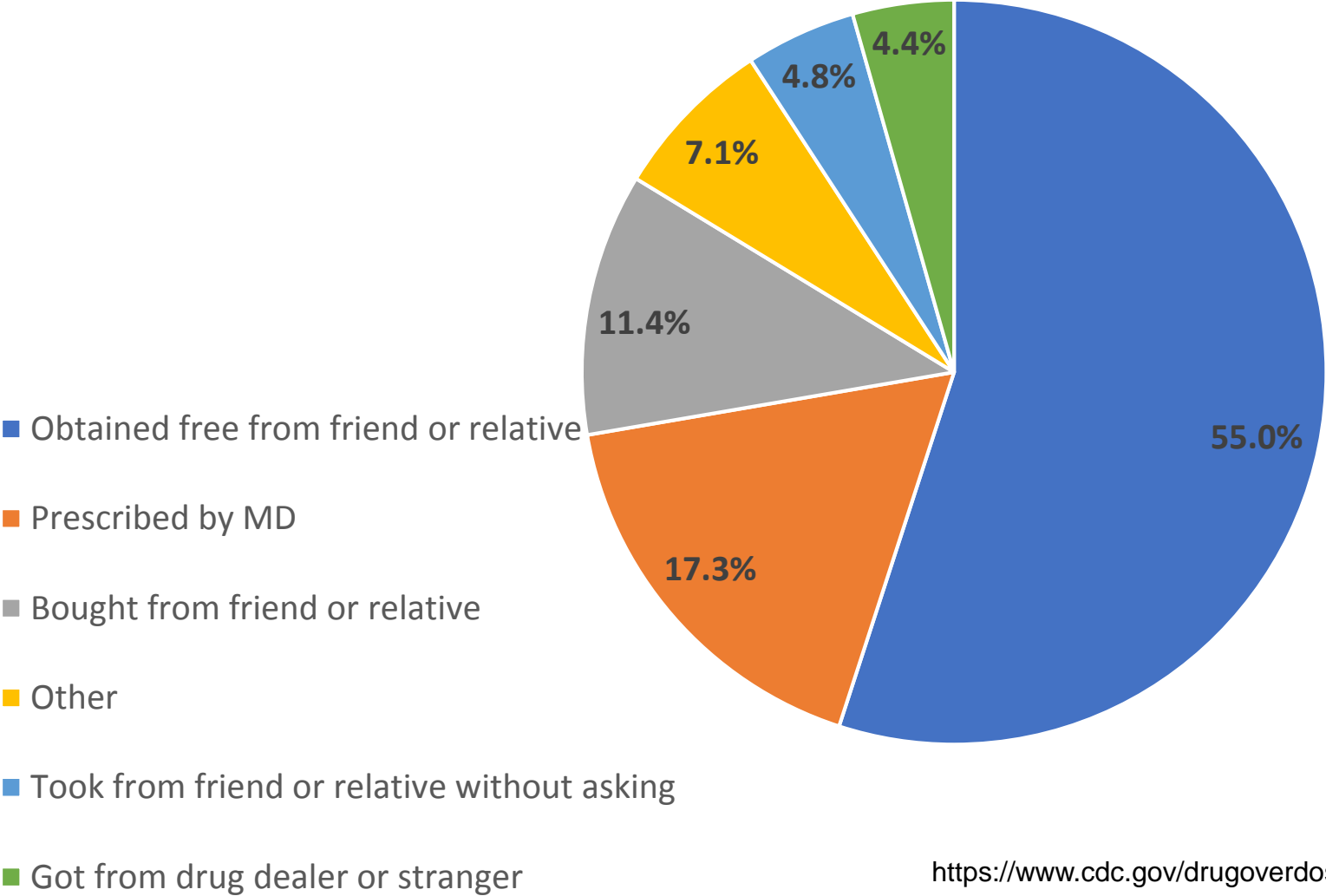
- June 2018.....projected to be the **WORST MONTH EVER** in the City of Madison for **heroin deaths** and the **second worst** for **overdoses**. A sad truth.
- There were **35 known overdoses** in June (2018). In June (2017) there were **9**; thus we saw a **289% increase**.
- There were **11 suspected deaths from heroin overdoses** in June (2018). In June (2017) there were **2**; thus we saw a **450% increase!**
- Statewide, 833 overdose deaths from opioids in 2017, the highest number ever in Wisconsin.

<http://www.cityofmadison.com/police/chief/blog/?Id=14699>

What is the most common source in an opioid overdose?

- A. Free from a friend or relative
- B. Prescribed by a physician
- C. Bought illegally from a dealer
- D. Taken from a friend or relative without permission

Source of Abused Prescriptions



<https://www.cdc.gov/drugoverdose/data/prescribing.html>

Our Goal

To prescribe an appropriate quantity of opioids for postoperative pain control to avoid excess pills as well as minimize the need for refills.

What is your prescribing pattern?

Laparoscopic cholecystectomy

- A. No opioids
- B. 10 or fewer pills
- C. 11 – 20 pills
- D. 21 or more pills
- E. Not applicable in my practice

What is your prescribing pattern?

Laparoscopic appendectomy

- A. No opioids
- B. 10 or fewer pills
- C. 11 – 20 pills
- D. 21 or more pills
- E. Not applicable in my practice

What is your prescribing pattern?

Laparoscopic colectomy

- A. No opioids
- B. 10 or fewer pills
- C. 11 – 20 pills
- D. 21 or more pills
- E. Not applicable in my practice

What is your prescribing pattern?

Lumpectomy and sentinel node biopsy

- A. No opioids
- B. 10 or fewer pills
- C. 11 – 20 pills
- D. 21 or more pills
- E. Not applicable in my practice

Studies in the Surgical Literature

- Hill et al. JACS 2017
 - Inpatient procedures. # pills day prior to discharge
 - 0 = no opioids
 - 1-3 = 15 pills
 - ≥ 4 : 30 pills
- Sekhri Annals of Surgery 2017
 - Higher Rx volume does not lower refill risk.
 - Acute opioid Rx may lead to long term use.
- Hill et al Annals of Surgery 2017
 - Recommended lump: 5; lump/SLN bx 10; hernia/lap chole 15

Opioid Prescribing Recommendations: Michigan OPEN

Procedure	Hydrocodone (Norco) 5 mg tablets	Oxycodone 5 mg tablets
	Codeine (Tylenol #3) 30 mg tablets	Hydromorphone (Dilaudid) 2 mg tablets
	Tramadol 50 mg tablets	
Laparoscopic Cholecystectomy	15	10
Laparoscopic Appendectomy	15	10
Inguinal/Femoral Hernia Repair (open/laparoscopic)	15	10
Open Incisional Hernia Repair	30	20
Laparoscopic Colectomy	30	20
Open Colectomy	30	20
Ileostomy/Colostomy Creation, Re-siting, or Closure	40	25
Open Small Bowel Resection or <u>Enterolysis</u>	30	20
Thyroidectomy	10	5
Hysterectomy		
Vaginal	20	10
Laparoscopic & Robotic	25	15
Abdominal	35	25
Breast Biopsy or Lumpectomy Alone	10	5
Lumpectomy + Sentinel Lymph Node Biopsy	15	10
Sentinel Lymph Node Biopsy Alone	15	10
Simple Mastectomy ± Sentinel Lymph Node Biopsy	30	20
Modified Radical Mastectomy or Axillary Lymph Node Dissection	45	30
Wide Local Excision ± Sentinel Lymph Node Biopsy	30	20

Table 2. Summary of pills prescribed versus pills taken and proportion of pills unused per prescription by operation

Operation	Pills prescribed: mean (range)	Pills used*: mean (range)	Pills unused, No. (%)
All operations	26 (5-80)	9 (0-76)	17 (65)
Laparoscopic cholecystectomy (n=90, 24%)	28 (10-80)	12 (0-60)	16 (57)
Inguinal hernia repair	26 (10-80)	9 (0-60)	17 (65)
Unilateral (n=114, 30.6%)	27 (10-80)	10 (0-60)	17 (63)
Bilateral (n=59, 15.8%)	22 (10-60)	8 (0-53)	14 (64)
Umbilical hernia repair (n=60, 16.1%)	22 (10-80)	9 (0-60)	13 (59)
Lumpectomy with SLNBx (n=17, 4.6%)	18 (5-60)	5 (0-60)	13 (72)
Lumpectomy (n=33, 8.9%)	13 (5-30)	2 (0-10)	11 (85)

*Significant difference in number of pills used between procedures ($p < 0.05$).

Recommendations using hydrocodone 5 mg tablets

Lumpectomy: 5-10

Lumpectomy with SLN biopsy: 5-10

Laparoscopic hernia/chole: 10-15

Umbilical hernia: 10-15

Open abdominal operation: 15 - 30

What do you think?

- A. Changing my opioid prescribing would be easy
- B. Changing my opioid prescribing would be hard

Target audience for dissemination

- Present to residents and/or advanced practice providers
- Present to surgeons who perform the targeted procedures
- Consider presentation to pre-, intra- and post-operative nursing staff so they can reinforce the message

Did practices change? Anecdotal results

- “I absolutely saw a change in my prescribing practices over the last two years, (end of intern year my average hernia got like 20-30 oxy, now that’s like 5-10).”
- “Yes, I for SURE changed my opioid prescribing habits! ... I would routinely give 20-30 tabs for an outpatient procedure, compared to now my practice is to give 0-5 tabs.”
- Breast surgeons order set now prescribes 5-10 pills now, decreased from historic numbers of 30.

Work in Progress

- We can continue to fine-tune our prescribing practices in both inpatient and outpatient operations.
- Recognize that elderly need fewer pills.
- As we prescribe less and educate patients more about expectations regarding postoperative pain, patients will likely use less.
- Could be incorporated into the EHR.
- Educate about disposal.

Ideas for table discussions

- Do you feel this topic warrants inclusion in the SCW?
- How should guidelines be developed regarding opioid prescribing?
- Who should contribute to making recommendations for guidelines and for approving them?
- How should the information we gather be disseminated?
- Should we evaluate Wisconsin surgeons' prescribing practices on a statewide level? On an individual level?
- Should we work with states like Michigan and Illinois who are also working on this problem?