OB/GYN & OPIOIDS

LISA LEFFERT, MD
CHIEF, OBSTETRIC ANESTHESIA DIVISION
MASSACHUSETTS GENERAL HOSPITAL

DISCLOSURE: I have no financial relationships with commercial support to disclose.
List of OB/GYN Procedures for which Opioids May Be Prescribed for Acute Pain

- Open Hysterectomy
- Open Myomectomy
- Open Colpopexy
- Oncologic Pelvic Debulking Procedures
- Anterior/posterior repair with sacrocolpopexy (extensive vaginal pelvic reconstruction)
- +/- Cesarean Delivery
- +/- Minimally Invasive Hysterectomy
- +/- Exploratory Laparotomy

NOT INCLUDED:
- Vaginal Delivery
- Dilation and Curettage/Evacuation
- Hysteroscopy/Colposcopy
- Adhesiolysis
- Laparoscopy (diagnostic or operative without hysterectomy)
- TVT Bladder suspension
Criteria Used to Identify Procedures

- Impact and feasibility of opioid sparing pain management techniques:
  - e.g. NSAIDS, Tylenol, neuraxial opioids, truncal and peripheral blocks and catheters, adjunct oral and Intravenous agents (Gabapentin, Ketamine, Lidocaine)

- Degree of Tissue Disruption

- Frequency of Procedure

- Availability of Enhanced Recovery After Surgery (ERAS) Protocols
  - currently not standardized

- Anticipated time of patient discharge
  - Shorter length of stay may mean more opioids in some cases
Lessons learned from OB & Opioids

- Opioid naïve patients can become persistent users after prescription for cesarean delivery: **1:300**
- Patients vote for lower opioid amounts than the surgeons who performed them
- The more opioid that’s prescribed, the more patients will take (without an increase in satisfaction or pain relief)
- The more opioids taken in-hospital, the more opioids taken at home
- Shared decision-making with patients can decrease opioid prescriptions
- Use of NSAIDS, Tylenol, neuraxial and truncal blocks (“opioid-sparing techniques”) decreases opioid needs
  - Opioid sparing does not exclude neuraxial opioids (spinal or epidural route of administration)
- There are “high-intensity pain patients” who may require more:
  - Genetic predisposition or fast metabolizers, chronic opioid use or opioid use disorders, highly anxious patients, those with chronic pain

Hot off the Press….

- Holland, Erica; Bateman, Brian; MD, MSc; Cole, Naida; Taggart, Ashley; Robinson, Laura; Sugrue, Ronan; MBBCH, BAO; Xu, Xinling; Robinson, Julian

- No routine ordering of oral opioids after CD was associated with:
  - Decrease in opioid consumption: inpatient (45% vs 68%) and outpatient: (90.6% to 40.3%)
  - Same levels of pain control and patient satisfaction
Non-Surgical Opioid Prescribing in OB

Patterns of Opioid Utilization in Pregnancy in a Large Cohort of Commercial Insurance Beneficiaries in the United States

Brian T. Bateman, M.D., M.Sc., Sonia Hernandez-Diaz, M.D., Dr.P.H., James P. Rathmell, M.D., John D. Seeger, Pharm.D., Dr.P.H., Michael Doherty, M.S., Michael A. Fischer, M.D., M.S., Krista F. Huybrechts, M.S., Ph.D.  May 2014  Anesthesiology

- N=534,000 women; 2005-2011
- **14.4%** (n=76,742) pregnant women filled an opioid prescription
  - 5.7% first trimester
  - 5.7% second trimester
  - 6.5% third trimester

**Diagnoses:**
- Back pain: 36.7%
- Abdominal pain: 31.9%
- Migraine: 10.2%

**Most commonly prescribed opioids:**
- Hydrocodone: 6.8%
- Codeine: 6.1%
- Oxycodone: 2%

- Exposure varied by region: greater in Northeast, less in South
- But **NOT** just urban!