OB/GYN & OPIOIDS

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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

Bateman, et al, AJOG, 2016;Overton et al., J Am Coll Surg, 2018; Bateman, Obstet & Gynecol, 2017; Chen, et al. JAMA Surg, 2018

Hot off the Press….

- **Evaluation of a Quality Improvement Intervention That Eliminated Routine Use of Opioids After Cesarean Delivery.**
- Holland, Erica; Bateman, Brian; MD, MSc; Cole, Naida; Taggart, Ashley; Robinson, Laura; Sugrue, Ronan; MBBCH, BAO; Xu, Xinling; Robinson, Julian
- Obstetrics & Gynecology. 133(1):91-97, January 2019.

- 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

PAIN MEDICINE

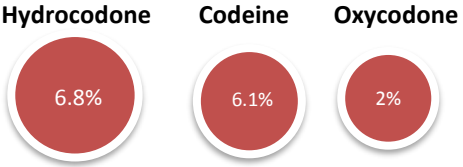
Patterns of Opioid Utilization in Pregnancy in a Large Cohort of Commercial Insurance Beneficiaries in the United States

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.

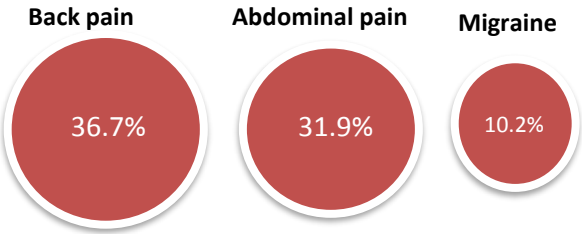
May 2014 Anesthesiology,

- 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

Most commonly prescribed opioids:



Diagnoses:



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