

UNDER THE KNIFE: DISSECTING PERIOPERATIVE PAIN AND DISCHARGE MANAGEMENT PRACTICES IN PATIENTS RECEIVING OPIOID SUBSTITUTION THERAPY

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Introduction/Aims: Patients undergoing opioid substitution therapy require complex care due to the nature of their condition and pharmacotherapy. As such, vigilant management throughout admission and discharge is paramount to the appropriate continuation of their therapy.

Our aims were: (1) To review perioperative and discharge management of surgical patients prescribed opioid substitution therapy (OST). (2) To compare findings to current recommendations from the literature.

Methods: Within a tertiary teaching hospital all surgical inpatients prescribed OST, between 2011-2016, underwent a retrospective audit. Data were extracted from medical case notes and dispensing records using a standardised form to record parameters regarding postoperative analgesia, perioperative OST dosing and discharge analgesia.

Results: Preliminary data analysis included 45 admissions (31 buprenorphine and 14 methadone). 12 Buprenorphine patients had their OST held prior to surgery, compared to 3 methadone patients. For buprenorphine patients that had their therapy held, a statistically significant increase in postoperative pain was documented compared to those that had it continued.

Upon discharge, 27 patients received some form of analgesia with 66% of patients being prescribed opioids in addition to their OST. Most of these patients who received opioids were not prescribed or recommended non-opioid analgesia. Current literature recommendations are to utilise multi-modal analgesia in order to minimise opioid use.

Discussion/Conclusions: Variable practice was identified regarding the continuation of OST throughout the perioperative period, potentially worsening postoperative pain. A trend in prescribing of opioids upon discharge was observed, with a lack of non-opioid analgesia being employed – practice which is inconsistent with current recommendations.

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