

# Postoperative Opioid-Prescribing Practices in Otolaryngology: Evidence-Based Guideline Outcomes

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## Introduction

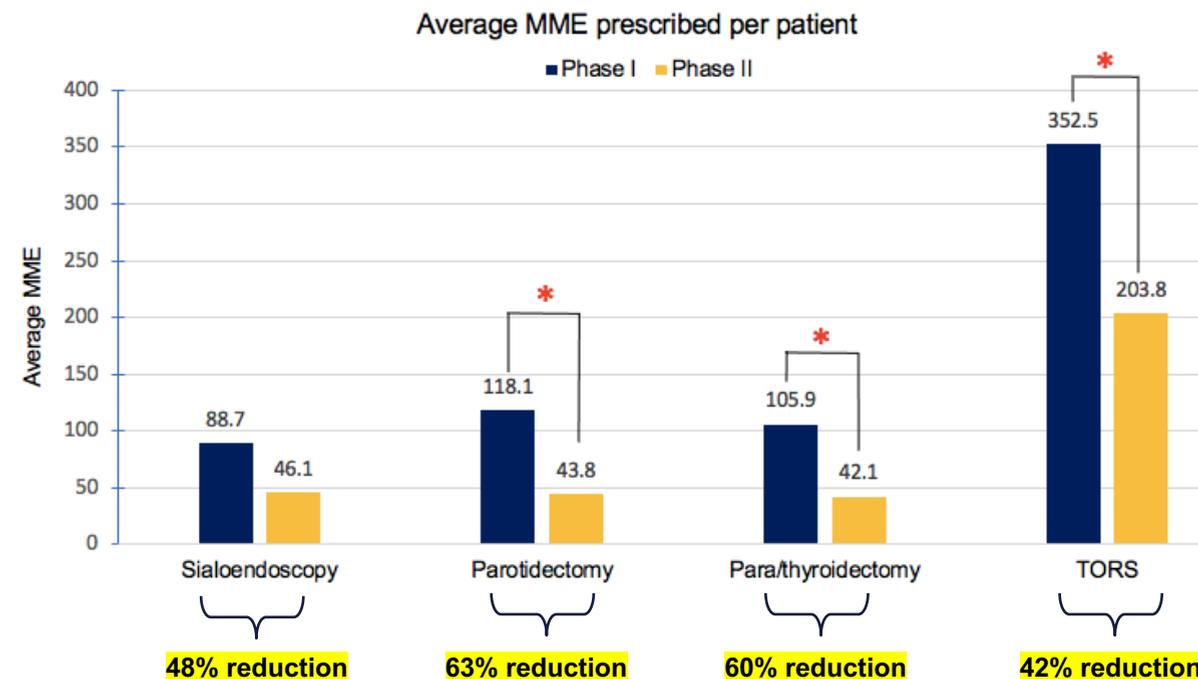
- Otolaryngology is one of the **highest opioid-prescribing surgical subspecialties**<sup>1</sup>
- Diversion of excess opioids → exacerbates opioid crisis<sup>1,2</sup>
- Goal of our multiphase study: to develop and evaluate **evidence-based** postoperative pain management guidelines
- Phase I:**
  - Found that **>50% of postoperative opioids prescribed at our institution after 4 head and neck procedures went unused**<sup>3</sup>
  - Developed and instituted multimodal, evidence-based pain management guidelines for these procedures
- Phase II:**
  - Evaluated effects of guidelines on:
    - quantity of unused opioids**
    - patient satisfaction**

## Methods

- Prospective survey study
- Setting: single large academic hospital
- Procedures studied:
  - Sialendoscopy**
  - Parotidectomy**
  - Parathyroidectomy/Thyroidectomy**
  - Transoral robotic surgery (TORS)**
- Study population: **adult patients** (≥18 years) who underwent one of these procedures from **May 2019 to May 2020**
- Exclusion criteria: chronic opioid use disorder, hospitalization >7 days.
- Data analysis: patients surveys at first postoperative appointment → data compared between phase I and II

## Results

- No significant difference** in pain trends for procedures between phase I and II
- Prescribing guidelines led to a **substantial reduction** in **average prescribed morphine milligram equivalents (MME)** per patient:



- Average used MME** per patient for **parotidectomy** was **significantly reduced** (64%)
- The **proportion of unused MME** per patient **did not significantly change** after guidelines were implemented.
- No significant difference** in **satisfaction**, however **small but significant increase** in **dissatisfaction**

## Discussion

- Phenomenon described in literature<sup>4</sup>: **patients will use a set percentage of their opioid prescription regardless of total number of pills prescribed**
- In phase II, **despite significantly reducing the number of prescribed opioids, the proportion of unused pills was not significantly different** → **our data supports this phenomenon**
- Satisfaction rates were unchanged, unclear what led to small increase in dissatisfaction (results collected anonymously)
- Overall, **our data supports continued use of guidelines**
- Limitations = guideline non-adherence and inadequate use of non-opioid analgesia

## Conclusion

- Evidence-based multimodal postoperative pain management guidelines **substantially reduced the amount of opioids prescribed** across all procedures **without significantly impacting patient satisfaction**
- Providers should **continue to follow the guideline** and **educate patients on the importance of scheduled non-opioid analgesia**
- Institutions should consider adopting similar evidence-based guidelines to minimize the amount of postoperative opioids prescribed

## References

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