

Opioid Use Following Mastectomy: Does Surgical Indication Impact Use?

Megan Lane MD¹, Gabriel R Rivera BS², Hsou M Hu PhD MBA MHS³, Caleb Haley MD¹, Christopher Breuler MD¹, Jessica J Hsu MD PhD¹, Shane D Morrison MD MS⁴, Jennifer F Waljee MD MS¹

¹Section of Plastic Surgery, University of Michigan. Ann Arbor, MI. ²San Bautista School of Medicine, Caguas, PR, ³Michigan Opioid Prescribing Engagement Network, Ann Arbor, MI. ⁴Seattle Children's Hospital, Seattle, WA.

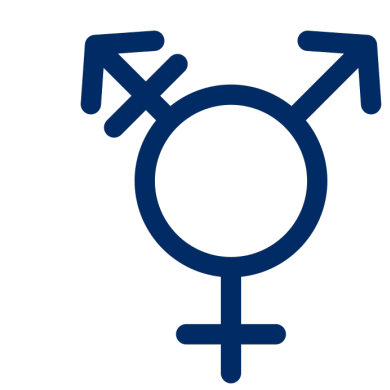
Background

- Opioid prescribing and use after surgery is common
- Although over 8,000 gender affirming mastectomies are performed annually, little is known regarding postoperative opioid fills, refills, and persistent opioid use
- We sought to compare opioid fill patterns among patients who underwent gender affirming mastectomy procedures and women undergoing mastectomy without reconstruction.

Methods



Data Source: IBM MarketScan Database employer-based insurance claims from 2010-2019



Cohort: Cohort created using gender dysphoria diagnosis codes and simple mastectomy CPT codes. Matched cisgender cohort created using mastectomy codes without reconstruction



Outcomes: Initial prescription size in oral morphine equivalents (OME), refills within 30 days postoperatively, and prolonged opioid use



Covariates: History of pain disorders, mental health disorders, prior opioid and benzodiazepine use, insurance type, geographic region, age, comorbidities



Analysis: Multivariable logistic regression for identifying significant covariates and bivariate analysis for comparison with matched cisgender cohort

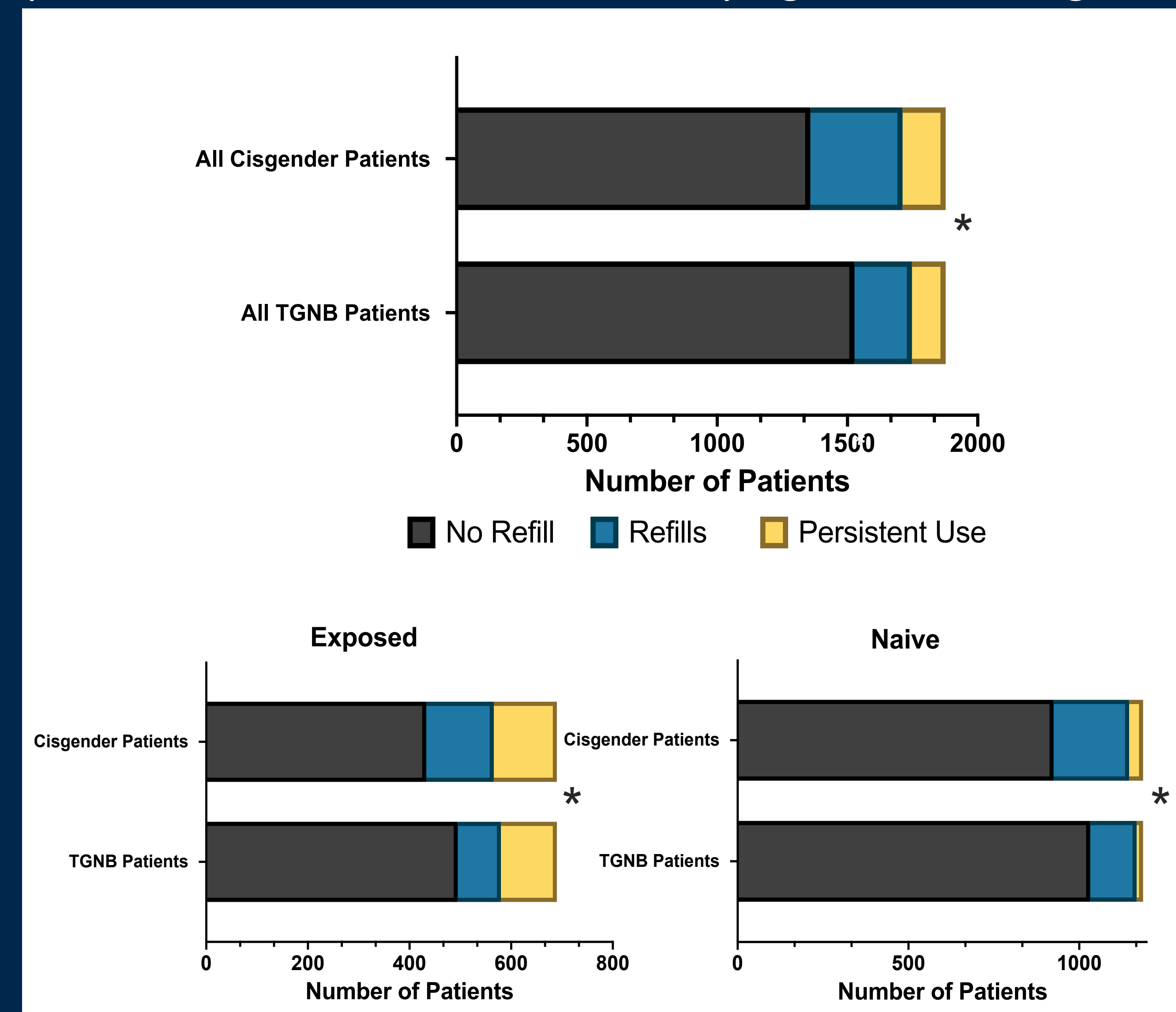
Results

- 1877 Transgender and nonbinary (TGNB) patients identified
- 63.2% of patients were opioid naïve at time of operation and 21.3% filled benzodiazepines or anxiolytics 30 days preoperatively

	All TGNB Patients	Opioid Naïve	Opioid Exposed	p-value
Mean Prescription Size In OME (SD)	413 (1148)	345 (920)	536 (1469)	<0.001
Number of Patients with Refill (%)	350 (22.4)	155 (15.3)	195 (35.2)	<0.001
Persistent Opioid Use (%)	129 (6.9)	19 (1.6)	110 (15.9)	<0.001

Table 1. Unadjusted analysis of prescription size, refills, and persistent use

Figure 1. Unadjusted number of patients with with refills and persistent use. * indicates statistically significant findings.



- History of low, medium, and high opioid exposure increased the odds of prescription refill and persistent use
- History of substance abuse tripled the odds of refill and recent fill of benzodiazepine or anxiolytics doubled these odds
- TGNB and cisgender patients had equivalent initial prescription sizes
- Cisgender patients had higher rates of refills and persistent use (Fig1)

Conclusions

- Prior opioid exposure is associated with higher rates of refills and persistent use after gender affirming mastectomy
- Compared to a matched cohort, transgender and cisgender patients had similar initial opioid prescription sizes
- Transgender patients had lower rates of refill and persistent use compared to their matched cisgender peers

Next Steps

- Pain is a complex biopsychosocial phenomena and understanding the factors contributing to ongoing pain and opioid needs in the postoperative period is critical to reduce opioid-related harms.

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Scan for in-depth regression tables