

Opioid Prescription Size And Patient-Reported Consumption Following Gender-Affirming Mastectomy

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Introduction

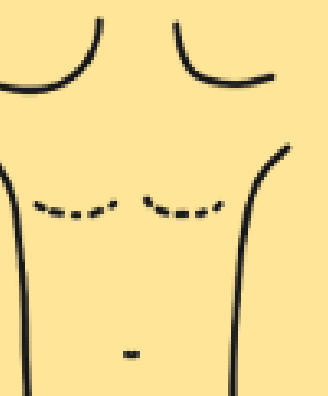
- Optimizing postoperative opioid prescribing involves balancing pain control and overprescription risk
- Gender-diverse patients face higher risk of poor opioid-related outcomes^{1–4}
- No official guidelines for opioid prescribing after gender-affirming mastectomy (GAM)
- This study examines prescribing patterns, patient use, and satisfaction following GAM

Methods

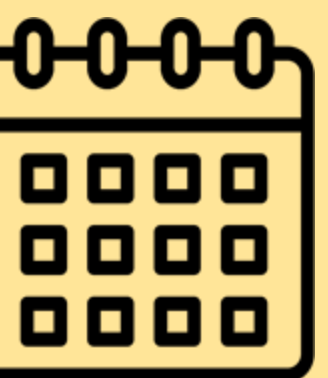
Design & Population



Prospective survey



Adults undergoing GAM at Michigan Medicine



February 2021 - September 2021

Data Collection

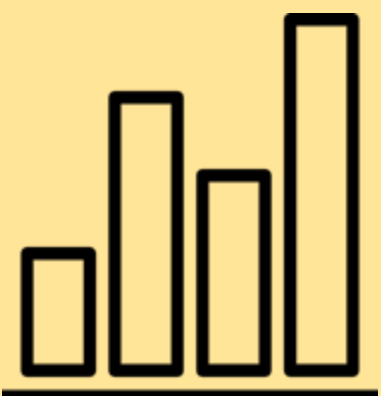


Telephone Surveys

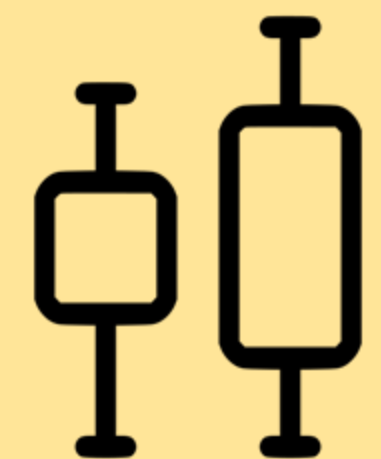


EMR Review

Statistical Analysis



Descriptive statistics



Wilcoxon signed-rank test

Results

Patient Cohort



62.6% response rate
(72 patients)



87.5% (n=63)
consumed opioids
postoperatively

Prescription vs. Consumption



Median prescription:
15 tablets



Median consumption:
10 tablets

$P < 0.001$

Patient-reported Experiences



100% satisfaction
with their overall pain
management



94.4% consumed
non-opioid pain
adjuncts



28.2% felt their opioid
prescription amount
was **too much**

Discussion

- Most patients used fewer opioids than prescribed (10 versus 15 tablets)
- Overall satisfaction was extremely high, and nearly all used non-opioid adjuncts
- 10–15 tablets of 5-mg oxycodone may be a reasonable guideline
- Limiting prescriptions and using multimodal pain management may be useful strategies to reduce opioid misuse after GAM
- Highlights the need for pre-op pain expectation setting and easy refill access
- Our study provides a foundation for developing future ERAS protocols for GAM

References

