

Pre-operative cannabinoid consumption and attitudes amongst patients scheduled for elective surgery

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INTRODUCTION

- Non-medical use of cannabinoids legalized in Oct 2018 and increased social acceptance of cannabis use in North America^{1,2}
- Positive association between cannabis use and sedation requirements³, increased perioperative opioid requirements^{4,5}, and post-operative pain scores⁵

METHODS

- Prospective cross-sectional study
- $n = 600$ ($F=340$, $M=260$)
 - 18 years and older, undergoing elective surgery at 3 tertiary hospitals in Toronto
- Self-completed questionnaires administered following a pre-surgical assessment by anesthesiologist or registered nurse
- Research Electronic Data Capture (REDCap) platform used for data collection
- Primary outcome: determine prevalence of cannabinoid use and distinguish between medical and recreational reasons for its use

REFERENCES

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Over 36% of patients presenting for elective surgery reported baseline cannabis use.

Two-thirds of this population used cannabis for medical reasons and one-third engaged in recreational use.

Of the patients reporting cannabinoid use for medical purposes, 55.4% reported daily use.

These findings are consistent with overall increased self-reported use in the general population since legalization in many states in the US and Canada.

RESULTS

Table 1a. Comparison of categorical baseline characteristics of patients presenting for elective surgeries. Data are mean (SD) for continuous variables or numbers (%) for categorical variables.

	Overall cohort (n = 600)	Cannabinoid use (n = 216)	No cannabinoid use (n = 384)	p value
Female N (%)	340 (56.7)	111 (32.6)	229 (67.4)	0.046
Type of surgery				
Orthopedic surgery	171	72	99	0.122
General surgery	294	96	198	
Other*	135	48	87	

*Includes vascular, urology, neurosurgery, plastic surgery, and ENT.

Table 1b. Comparison of categorical baseline characteristics of patients presenting for elective surgeries using cannabis for recreational vs. medical use. Data are mean (SD) for continuous variables or numbers (percentages) for categorical variables.

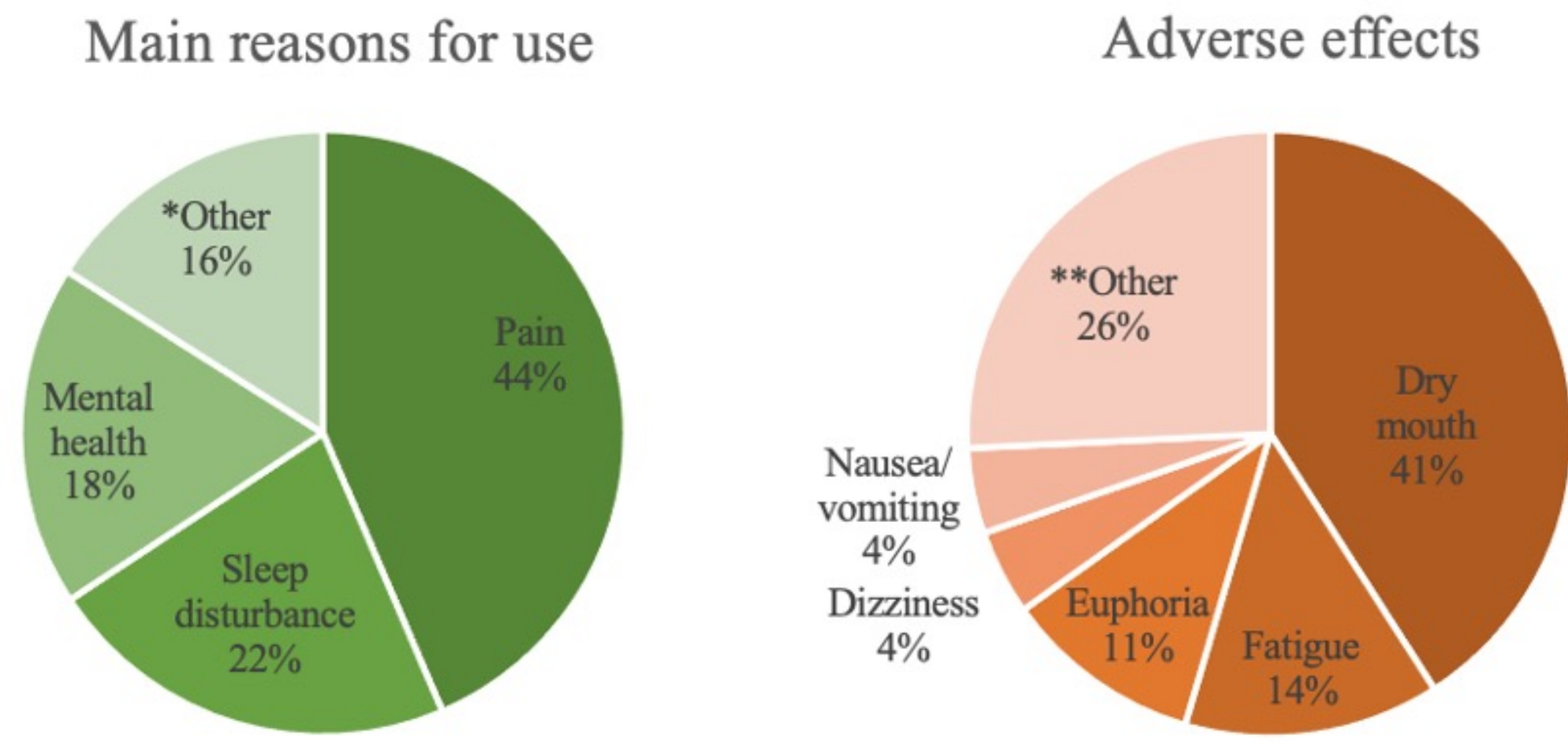
	Recreational Use (n = 66)	Medical Use (n = 148)	p value
Female N (%)	31 (9.1)	79 (23.2)	0.386
Type of surgery			
Orthopedics	24	47	0.066
General	34	62	
Other*	8	39	

*Includes vascular, urology, neurosurgery, plastic surgery, and ENT.

†2 users did not indicate whether they used recreational or medical marijuana.

††14 users used both recreational and medical marijuana (classified under medical use).

Figure 1. Reasons for medical cannabinoid consumption and adverse effects associated with use.



*Includes nausea, appetite/weight, aggression, neurological disease.

**Includes lack of motivation, depression, weight gain, and confusion.

CONCLUSIONS

- Preoperative assessments provide an opportunity to obtain details about cannabinoid use that may alter anesthetic management
- Further studies should be conducted to develop a universal approach to characterizing the type of cannabinoids and amount consumed (e.g. %THC vs. CBD, etc.)