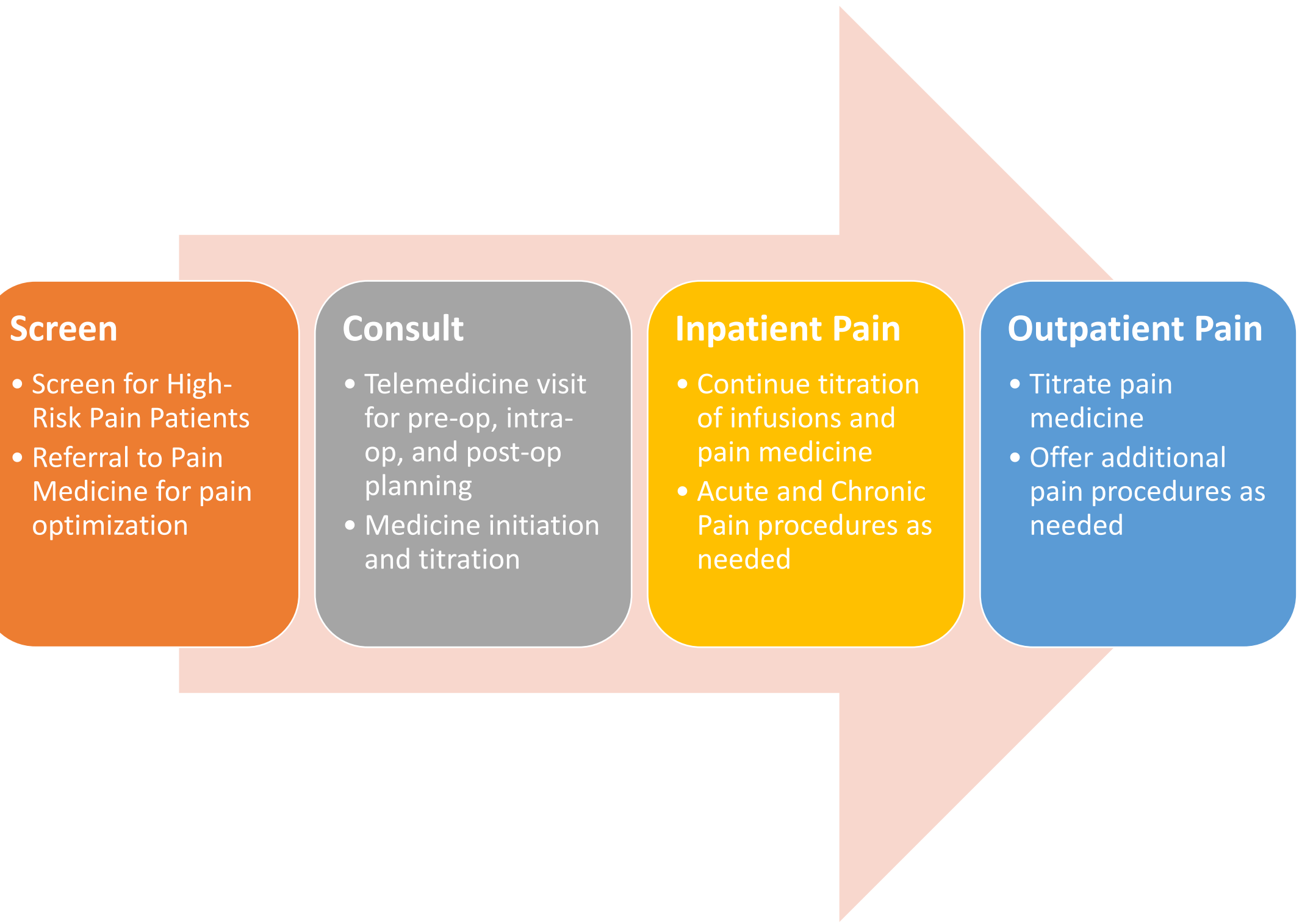


Revolutionizing Recovery
A Multimodal Approach to Minimize Chronic
Post-Surgical Pain and Enhance Clinical
Outcomes

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Bridging the care plan between inpatient and
outpatient environments

- Reduce patient risk of poor pain outcomes
- Introduce and educate patients on a multimodal pain model
- Optimized care for high-risk pain patients



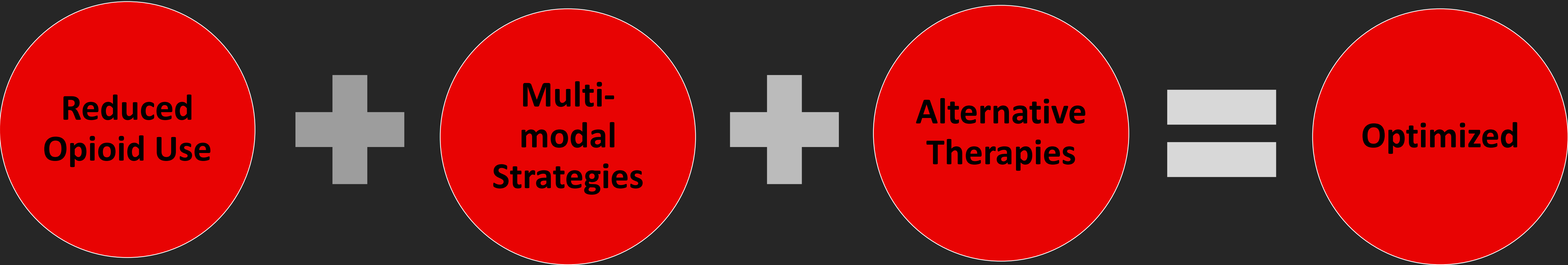
Workflow

1. Patient population identified via questionnaire
2. Telemedicine pre-operative patient visit
3. Medication regimen optimized for pre-,intra-, and post-operative
4. Inpatient post-operative pain consult placed
5. Patient discharged from hospital
6. Follow up appointment post discharge
7. Transition to home provider or outpatient pain management practice

23rd Annual Pain Medicine Meeting
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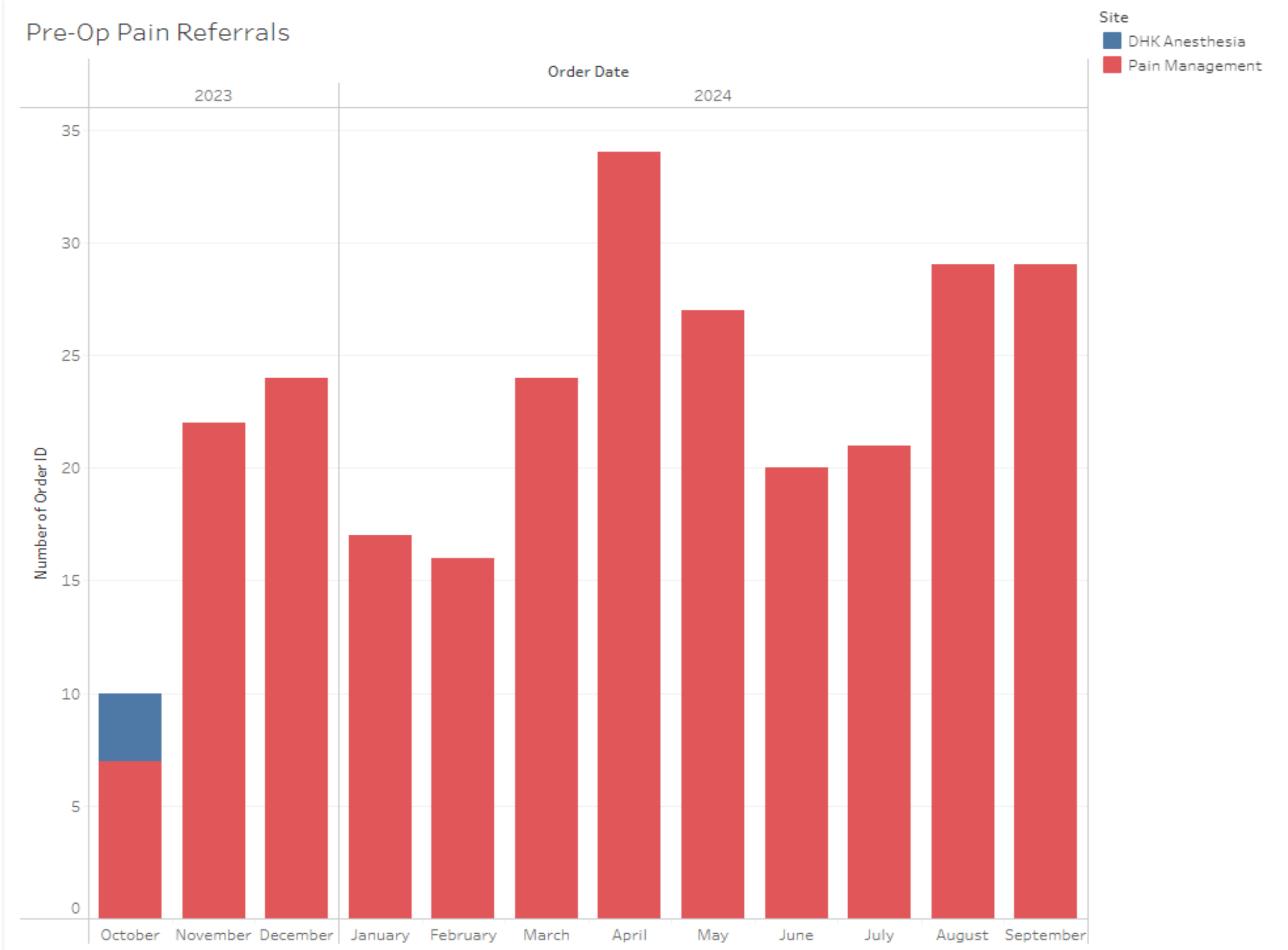
Capture high-risk pain patients and
optimize care from
decision for surgery to discharge



Screening Guidelines

- 1) Current and Remote use of Opioid
 - a) Current use of opioids
 - i) As a a general guide → Anything greater
 - (1)15-20mg oxycodone/day
 - (2)100-200mg codeine/day
 - (3)20-30mg hydrocodone/day
 - (4)6mg Dilaudid/day
 - (5)200mg tramadol/day
 - b) Current use of long-term opioids
 - i) Does not meet above criteria but has been on any dose lower then above for greater then 6-8weeks
 - (1)Patients on low dose opioids for extended periods of time carry similar risks to those on higher doses for smaller durations
 - c) History of opioid use
 - i) History of opioid use within the last 2 years for greater than 2 weeks
 - (1)Most postop surgery courses require less than two weeks' worth of opioids
- 2) Complex Surgery
 - a) Greater than 3 spinal levels surgery
 - b) Anterior, posterior surgery
 - c) Scoliosis correction surgery
 - d) Revision surgery
 - e) At discretion of surgeon's thought of level of complexity
- 3) Substance Use
 - a) Buprenorphine formulations
 - b) Methadone
 - c) Naltrexone/Naloxone
 - d) Current substance use
 - e) H/o substance use
- 4) Miscellaneous
 - a) Presence of Intrathecal Pump
 - b) Presence of Spinal Cord Stimulator
 - c) History of known CRPS
 - d) Any patient request to speak with an anesthesiologist should be honored, especially in patients with a history of prior

Results



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