Assessing Provider Knowledge and Attitudes Regarding Perioperative Buprenorphine Management

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Background & Significance

- Opioid use disorder (OUD) affects over 6 million people in the U.S. and remains a leading cause of preventable death
- Buprenorphine, a first-line OUD treatment, was historically discontinued perioperatively over concerns it would blunt opioid analgesia
- Emerging evidence supports continuation perioperatively, and in 2021, a multisociety panel (ASRA/ASA/ASAM) recommended against routine discontinuation[1,2]
- Despite this, a national provider survey found only 36% of institutions had an established protocol for perioperative buprenorphine management[3]
- Whether UVM Health Network practices align with current guidance remains unclear

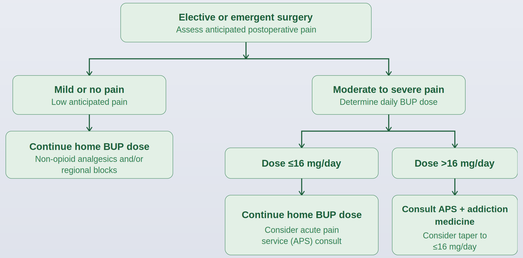


Figure 1. Summary of recommended perioperative buprenorphine management per 2021 ASA/ASRA/ASAM multisociety guideline to decrease risk of opioid use disorder recurrence among patients.[1]

Learning Objectives

- Evaluate perioperative buprenorphine management practices, guideline awareness, and perceived barriers among clinicians in the UVM Health Network
- Identify opportunities to improve perioperative buprenorphine management practices to serve patients with OUD

Methods

- **Design:** Cross-sectional QI survey, UVM Health Network (VT and northern NY), Dec 2025–March 2026
- **Participants:** Surgery, anesthesiology, pain management, addiction medicine, family medicine, internal medicine, and psychiatry clinicians
- **Survey:** Anonymous, REDCap-administered; adapted from validated buprenorphine attitude/prescribing surveys and organized using the Theory of Planned Behavior framework
- **Domains:** Guideline knowledge, confidence, practice patterns, perceived barriers
- **Analysis:** Descriptive statistics on practice patterns and guideline awareness

Results

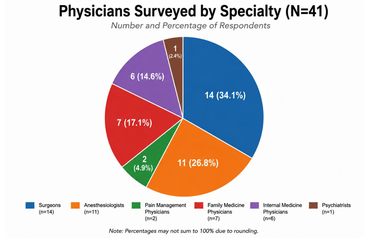


Figure 2. Number of survey respondents by specialty type.

Confidence in Buprenorphine and OUD Management

- Anesthesiologists (91%), family medicine (71%), surgeons (64%), and psychiatrists (100%) reported strong confidence in managing perioperative pain in patients with OUD
- In general, anesthesiologists reported highest comfort in managing buprenorphine perioperatively (91%) compared to surgeons (36%), family medicine physicians (29%), and internal medicine physicians (33%)

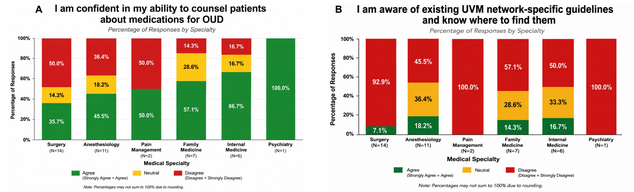


Figure 3. All survey questions were answered on Likert scale, ranging from strongly disagree to strongly agree. **(A)** shows provider confidence in counseling patients about medications and dosing for OUD and **(B)** shows awareness of a reference guideline to determine perioperative buprenorphine management.

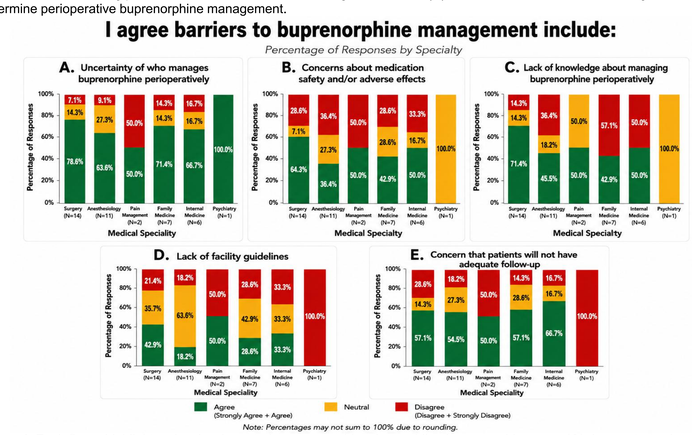


Figure 4. Each figure highlights a key barrier noted among providers in providing buprenorphine care. **(A)** demonstrates increased agreement among specialties that uncertainty regarding patient ownership was a notable barrier, **(B)** and **(C)** highlighted discomfort in managing medications due to lack of knowledge or unfamiliarity with buprenorphine management, **(D)** emphasized varying exposure and knowledge of existing UVM Health guideline, and **(E)** highlighted concern about lack of follow-up in patient-facing specialties.

Discussion

- Anesthesiologists demonstrated high confidence in perioperative OUD management and increased awareness of current research and society recommendations regarding buprenorphine management
- However, notable barriers to buprenorphine management in anesthesiology included uncertainty about which specialty should be responsible for perioperative management, inadequate patient follow-up, medication safety concerns, and a lack of accessible facility guidelines
- Regardless of specialty, majority of the providers supported continuation of buprenorphine perioperatively due to increased risk of OUD recurrence, which is consistent with previous studies on provider attitudes
- With limited awareness of a formal guideline for buprenorphine management, providers primarily relied on clinical experience and case-by-case decision making, which could lead to varying patient experiences based on provider comfort and knowledge
- There is a clear need for standardizing patient care approach to ensure providers have an appropriate level of knowledge and experience in managing OUD medications and providing consistent perioperative care regardless of uncertainty of patient responsibility

Future Directions

- Design a formal non-specialty-specific perioperative buprenorphine management guideline that highlights dosing, adverse effects, and additional resources for patient-specific questions
- Publish this institutional guideline on UVM Health Network database and make it electronically accessible to providers in outpatient settings
- Discuss buprenorphine management as part of pre-operative evaluation with patients so that they have a good understanding of risks vs. benefits of continuing buprenorphine and are more willing to engage in follow-up post-procedure

References

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