

Utilizing the transitional pain service to provide perioperative contingency management for stimulant use

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Introduction

- Amphetamine use before total hip arthroplasty (THA) increases the risk of complications, including dislocation, infection, fracture, revision, and readmission.
- Our transitional pain service (TPS) implemented perioperative contingency management (CM), an evidence-based treatment for stimulant use disorder that rewards abstinence.

Case Presentation

- A patient scheduled for THA is positive for methamphetamines on the day of surgery.
- Surgery was canceled and the patient was referred to the TPS for perioperative CM.
- Nurse-led CM sessions occurred twice weekly for 8 weeks preoperatively and 4 weeks postoperatively.
- The patient reported abstinence from methamphetamines for 9 weeks after completing the program.

Discussion

- It is feasible for a TPS to implement perioperative CM to improve patient access to surgery while offering a life-saving treatment.
- Costs may limit implementation but are less than the economic impact of canceled elective surgeries and surgical complications after THA.

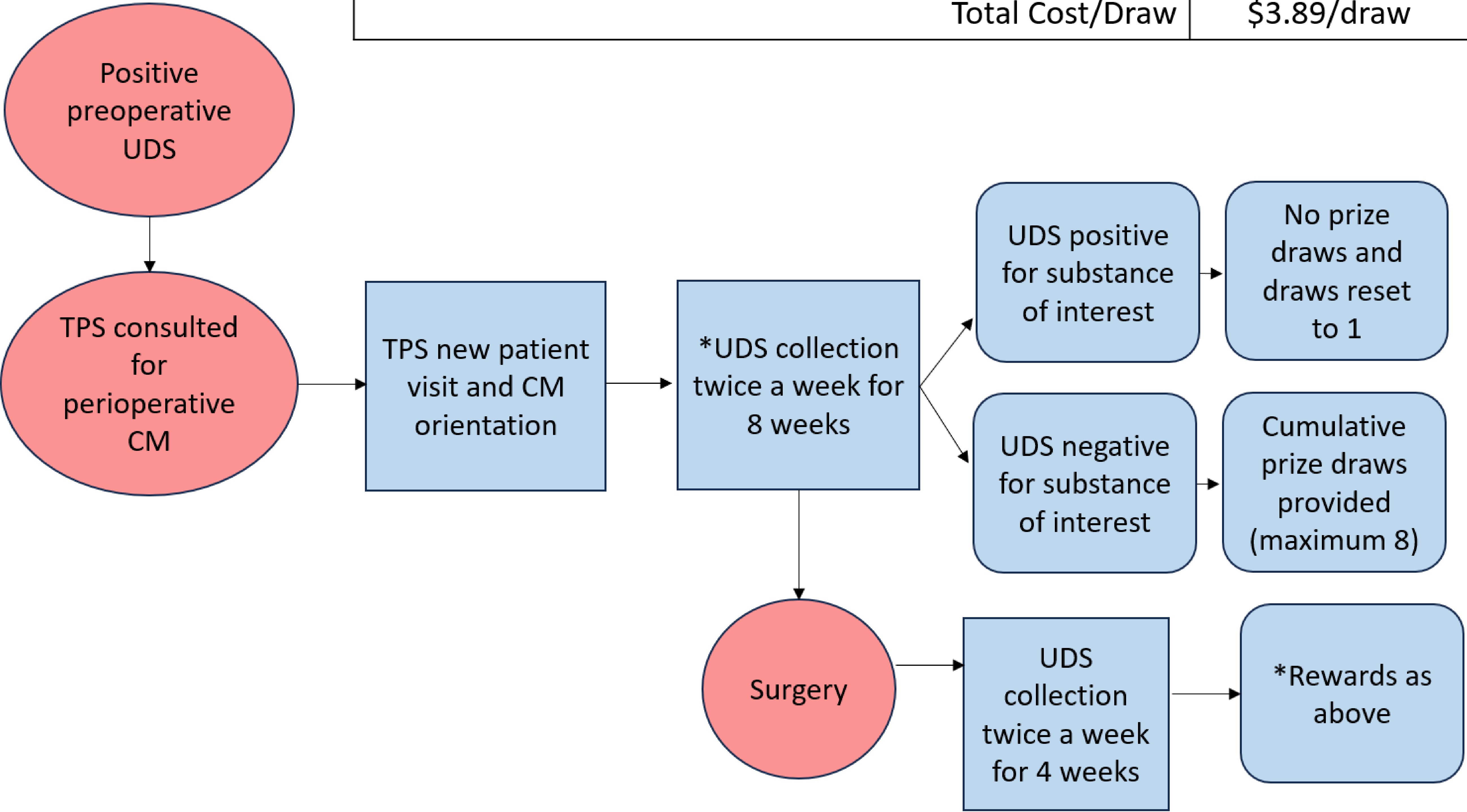


Table 1: Potential Prize Earnings. There are 500 slips in the prize bowl. 250 words of encouragement; 209 small; 40 large; 1 jumbo.

Prize	Probability	Prize Allotments	Cost Per Draw
Verbal affirmations	0.5	\$0	\$0/draw
Small	0.418	\$5	\$2.09/draw
Large	0.08	\$20	\$1.60/draw
Jumbo	0.002	\$100	\$0.20/draw
Total Cost/Draw			\$3.89/draw

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