



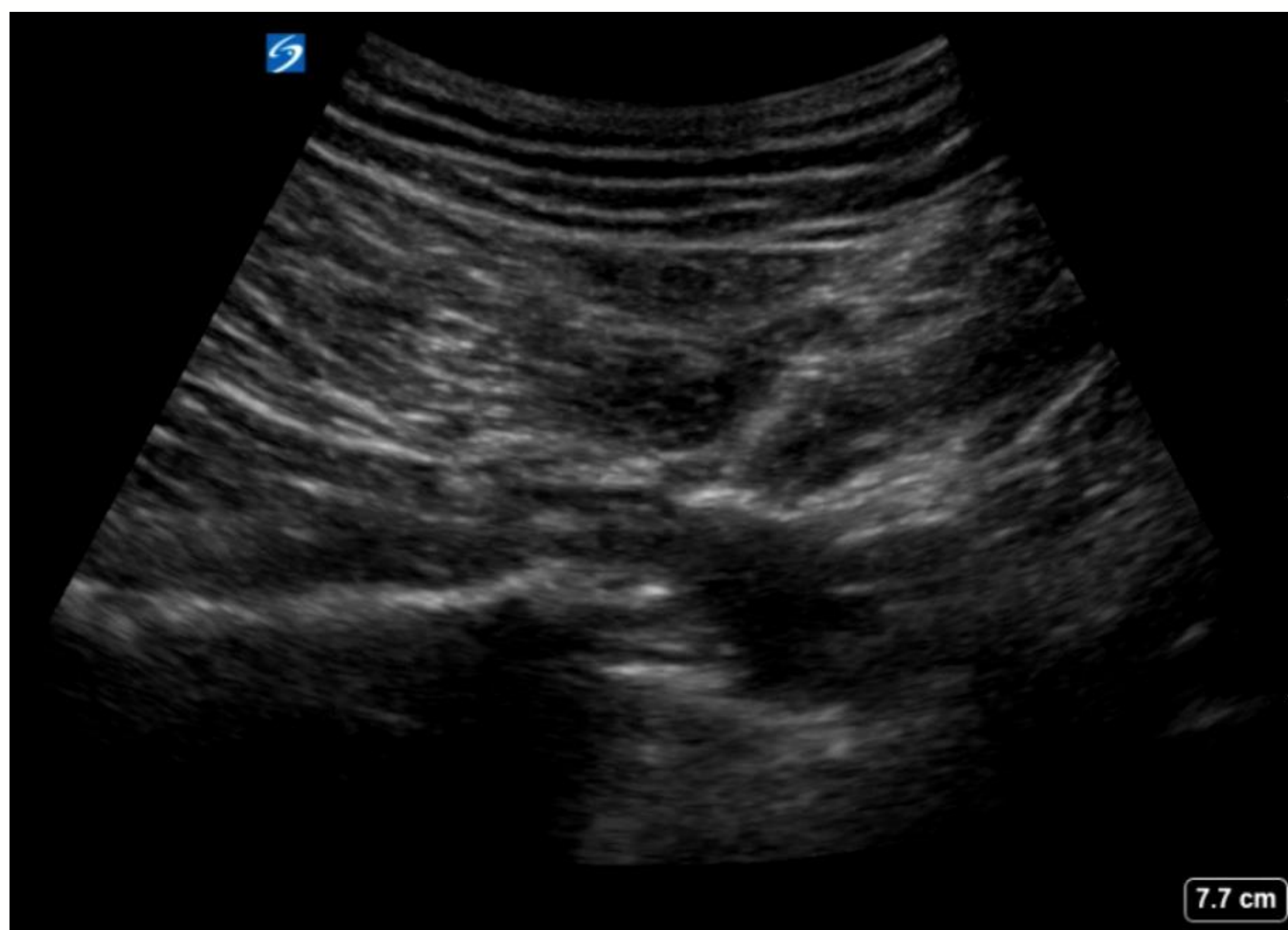
Opioid-Sparing Analgesia With Periop Pudendal Nerve Blocks in a Patient on Long-Acting Buprenorphine Undergoing Urethroplasty.

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Intro:

Patients with severe opioid use disorder (OUD) maintained on once-monthly, extended-release, subcutaneous buprenorphine injection can have difficult to control postoperative pain if they are treated solely with additional opioids. Regional anesthesia techniques offer superior pain control without escalating opioids. We present a case highlighting perioperative use of pudendal nerve blocks to manage intraoperative and postoperative pain in a patient with opioid use disorder undergoing complex urethral reconstruction, while maintaining home buprenorphine and minimizing additional opioids.



Key Take Aways:

- Effective perioperative pain management require interdisciplinary planning and communication.
- Plans centered around regional anesthesia for patients maintained on extended-release subcutaneous buprenorphine that preserves the home regimen can achieve adequate intraoperative and postoperative analgesia.
- Pudendal nerve blocks can be an effective and safe strategy for postoperative analgesia following urethroplasty.

Results:

A 32 year old man with opioid use disorder years long history of posttraumatic penile pain and dysuria was scheduled for urethromeatoplasty with mucosal advancement and urethroplasty for multiple urethral strictures. At home, he uses extended-release, subcutaneous buprenorphine injection 100 mg every month and additional sublingual buprenorphine 2 mg a day to treat his use disorder. A consult was placed to the Comprehensive Pain Center for an opioid sparing perioperative analgesia plan. Chronic pain, acute pain, and regional anesthesiology physicians worked together to discuss regional anesthesia, IV infusions, multimodal analgesia, maintenance of buprenorphine therapy, and discharge medication planning. On the day of surgery, the patient was brought into the OR and received ultrasound guided bilateral pudendal nerve blocks with bupivacaine and dexmedetomidine. Intraoperatively, he received opioid free general anesthesia, using lidocaine, ketamine, magnesium, celecoxib, and dexamethasone for pain control. The following day, in preparation for discharge, he was brought down to the regional anesthesia bay and repeat ultrasound guided bilateral pudendal nerve blocks with bupivacaine and dexmedetomidine was performed.

Discussion:

During his 2 day hospital stay, he did not require any additional opioid agonists beyond his home buprenorphine. He was discharged home with 12 pills of oxycodone 5 mg, which he did take over the next week. He did not need any additional opioid prescriptions at follow up with his urologist. This was a team effort between chronic pain physicians and regional anesthesiologists to provide successful perioperative opioid free pain management for a patient with chronic pain and opioid use disorder on extended-release, subcutaneous buprenorphine injection.