



BACKGROUND

The 2023 Canadian Substance Use Survey found that 13.4% of the population had used pharmaceutical opioids in the past 12 months.¹

Of the Canadians who had used opioids, 6.5% had taken a higher or more frequent dose of opioids than recommended and 5.9% had used opioids for non-medical purposes.¹

The 2024 National Survey on Drug Use and Health found that 48.4 million Americans aged 12 or older (or 16.8%) had a Substance Use Disorder (SUD) in the past year.²

Post-operative care for patients with an active SUD can be challenging. Identifying these patients prior to surgery is essential for optimization and treatment where appropriate.

At our institution, there was previously no standardized pathway for identifying and referring patients with substance use disorders for perioperative assessment by an Addiction Medicine specialist.

OBJECTIVE

To develop a perioperative pathway that articulates the process by which patients with SUD could be identified and flagged by Anesthesia for follow up with Acute Pain Service (APS) and the Substance Use Intervention Team (SUIT).

SUBSTANCE USE INTERVENTION TEAM (SUIT)

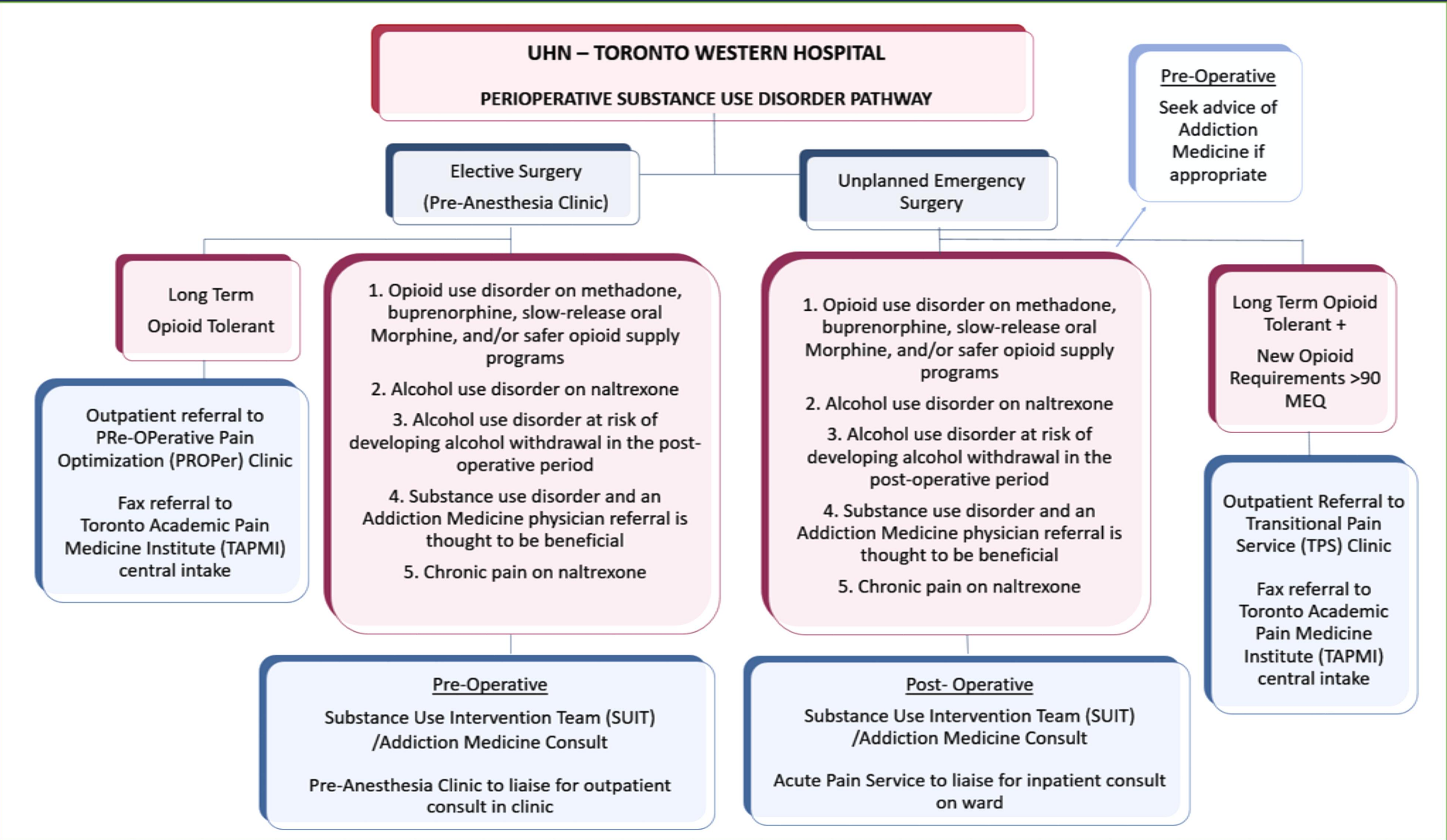
Supports individuals who have a known or suspected SUD AND are interested in further assessment or treatment related to their substance use. Services provided include:

- Assessment and counseling
- Medication recommendations, including:
 - Managing withdrawal
 - Treating SUD (e.g. anti-craving medications for alcohol use disorder, opioid agonist therapy for opioid use disorder)
 - Replacement therapy so patients can stay in hospital for acute medical treatment (e.g. short-acting opioid replacement, stimulant replacement)
- Resource navigation
- Referral to services on discharge

Evolving Opioid Guidelines in Perioperative Care – A Novel Pathway for Inpatient Acute Pain Service

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TO BE SEEN BY SUIT PHYSICIAN IN PRE-ANESTHESIA CLINIC		TO BE SEEN BY SUIT PHYSICIAN AS AN INPATIENT	
Patients with an elective surgery planned AND:	Opioid use disorder on methadone, buprenorphine (sublingual, extended-release, buccal), slow-release oral morphine (Kadian), safer opioid supply programs	Patients with an unplanned surgery AND:	Opioid use disorder on methadone, buprenorphine (sublingual, extended-release, buccal), slow-release oral morphine (Kadian), safer opioid supply programs
	Alcohol use disorder on naltrexone		Alcohol use disorder on naltrexone
	Alcohol use disorder at risk of developing alcohol withdrawal in the post-operative period		Alcohol use disorder at risk of developing alcohol withdrawal in the post-operative period
	Any substance use disorder where an assessment by an addiction medicine physician is thought to be beneficial		Any substance use disorder where an assessment by an addiction medicine physician is thought to be beneficial
			Opioid use disorder and refractory pain despite APS involvement

METHODS

No IRB approval/patient consent was required.

To ensure optimal perioperative care for these patients, members of our Acute Pain Service under the Department of Anesthesia and Pain Medicine collaborated with the Substance Use Intervention Team (SUIT or Addiction Medicine team) to develop a guideline for managing pain medications based on the best available evidence.

OUTCOMES and DISCUSSION

A few options for pathways were considered between SUIT and Anesthesia including:

- A dedicated day in pre-admission clinic where a SUIT MD would see patients identified with SUD
- The SUIT MD being paged to pre-admission clinic whenever an appropriate patient is identified.

An as-needed approach was ultimately considered to be the best approach to start given unpredictable patient volumes.

Individual case reviews have shown significant improvements in patient satisfaction, engagement in the plan of care, and clinical outcomes following coordinated optimization of inpatient and outpatient resources.

- Addiction Medicine physicians are often more comfortable prescribing opioid doses that are effective in preventing withdrawal.
- Early involvement of SUIT helps establish a patient’s baseline substance use, anticipate postoperative analgesic requirements, initiate discussions about the potential use of opioid agonist therapies when appropriate, and connect patients with outpatient resources.
- Incorporating SUIT recommendations improves the overall effectiveness of multimodal postoperative pain management for patients with substance use disorders (SUD).
- This approach has also strengthened bidirectional collaboration between SUIT and APS.

REFERENCES
1. Health Canada. Drug and alcohol use in Canada: General population (ages 15+). Health Infobase: Ottawa (ON). Published May 21, 2025. Accessed March 5, 2026. <https://health-infobase.canada.ca/substance-use/csus/>
2. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Highlights for the 2024 National Survey on Drug Use and Health. National Survey on Drug Use and Health (NSDUH). Published September 8, 2025. Accessed March 9, 2026. <https://www.samhsa.gov/data/sites/default/files/NSDUH%202024%20Annual%20Release/2024-nsduh-nnr-highlights.pdf>