Over-prescribing opioids in gynaecology surgery?
An evidence-based limit proposal.

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Background

Although opioids are highly effective in managing post-operative pain, patients undergoing surgical procedures are at risk of developing a new persistent opioid use. In particular, the duration of the initial opioid prescription is a significant predictor of continued use.[1]

Concerns regarding the volume of patients on long-term opioids in our region prompted a service evaluation to review take-home post-operative opioid prescriptions in gynaecology surgical patients

Methods

Data was retrospectively collected from post-operative gynaecology patients who were discharged home with an opioid prescription between 01.07.19 and 30.09.19. Oncology patients were excluded and a total of 40 patient cases were included for review. Data collected included:

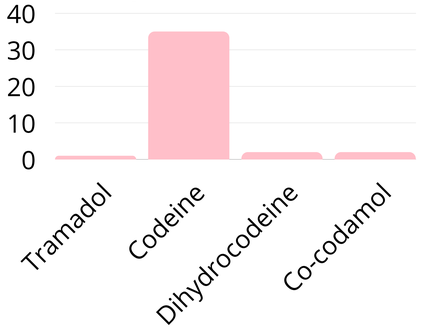
- Take home opioid prescriptions (TTOs)
- 'Root cause analysis' of prescribing practice, looking at:
  - patient case demographics
  - inpatient opioid consumption

A literature search of opioid regimes following gynaecology surgery was undertaken.

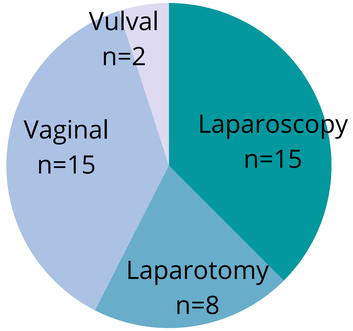
Results

Weak opioids only were prescribed to-take-home in each of the forty cases. Six prescriptions did not specify the duration of the opioid. The average duration of opioid TTO prescriptions was 7.9 days (range 3-28 days). The majority of cases were prescribed seven or more days of opioids (27/34). Only three cases were prescribed three days or less duration of opioid TTO (3/34)

Opioid choice



Type of surgery



TTO durations: Laparoscopy vs Laparotomy

Laparoscopy group	8.6 days
Laparotomy group	7.1 days
Laparoscopic hysterectomy group	12.6 days
Abdominal hysterectomy group	10.5 days

The hysterectomy groups were similar for age, BMI, drug history and grade of prescriber. A clinical 'justification' could not be made.

Inpatient opioid use

Nine cases (24%) did not consume any inpatient opioids.

Only three cases (8%) received, on average, the maximum daily dose of weak opioid equivalents.

The average daily oral morphine milligram equivalent (MME) doses were

Laparotomy	17.0	Vaginal	11.1
Laparoscopy	10.2	Vulval	5.5

Conclusions

Previous studies have quantified patients' post-operative opioid consumption following discharge and demonstrated effective use of restrictive opioid regimes of 3 day duration without an increase in opioid prescription refill rate.[2]

Our unit is prescribing more than has been demonstrated to be consumed and required. As duration of opioid use is recognised as the strongest predictor of future opioid misuse, an opioid duration limit of 3 days is suggested. A significant proportion of women can be discharged home safely without opioids.

REFERENCES

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