DEPARTMENT OF SURGERY

Opioid Prescribing Practices for Elderly Patients Following Inguinal Hernia Repair

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INTRODUCTION

Non-opioid analgesics are a growing area of interest as the opioid crisis continues to grow in the United States.

- Movement towards non-opioid analgesics for some ambulatory procedures.
- Inguinal hernia repair is a common elective surgery frequently performed in an outpatient, ambulatory setting.
- However, opioids are often prescribed for these patients.
- Can be dangerous for vulnerable populations, such as geriatric patients, who may have multiple comorbidities.
- Previous studies have reported on prescription gaps for other procedures, but has not been reported in an elderly population.

OBJECTIVE

- To review opioid prescribing and determine if there is a difference between patient-reported utilization of solid opioid tablets and volume prescribed by providers.

METHODS

- Retrospective review of prospectively collected data using a national registry.
  - *Abdominal Core Health Quality Collaborative (ACHQC)*
- Included all adults aged 65 or older undergoing inguinal hernia repair at a single site.
- Patients had to have both baseline and 30-day patient-reported outcome (PRO) data available to be included.
- Self-reported opioid utilization was compared to discharge prescriptions documented in the medical record.

Table 1. Study Demographics

	Total (n=36)
Age	
Mean (SD)	71.2 (5.7)
Sex	
Male	36 (100%)
Female	0 (0%)
BMI	
Mean (SD)	25.9 (3.6)
Race	
Black	2 (5.6%)
White	33 (91.7%)
Other	1 (2.8%)

Table 2. Operative Characteristics

	Total (n=36)
Operative Approach	
Open	18 (50.0%)
Laparoscopic	5 (13.9%)
Robotic	13 (36.1%)
Recurrent Hernia	
No	0 (0%)
Yes	36 (100%)
ASA Class	
I	1 (2.8%)
II	12 (33.3%)
III	19 (52.8%)
IV	4 (11.1%)

RESULTS

- Study included 36 male geriatric patients
- Most common prescriptions were oxycodone (24, 70.6%) and codeine (8, 23.5%).
- Mean number of opioid tablets prescribed was 11.6 (4.7).
- 23 (67.6%) reported taking 0 of their prescribed opioids after surgery
- Average morphine equivalent dose prescribed was 78.1 (+/- 34.3).
- Half the sample received morphine equivalent doses between 50 and 89 (17, 50%) and 14 (41.2%) received over 90.

Table 3. Opioid Prescription vs Patient-Reported Usage

	Oxycodone (n=24)	Codeine (n=8)	Other (n=2)
# Opioids Prescribed			
0	0 (0%)	0 (0%)	0 (0%)
1-4	0 (0%)	0 (0%)	0 (0%)
5-15	21 (87.5%)	4 (50.0%)	2 (100%)
16-30+	3 (12.5%)	4 (50.0%)	0 (0%)
# Opioids Consumed			
0	17 (70.9%)	5 (62.5%)	1 (50.0%)
1-4	5 (20.8%)	2 (25.0%)	1 (50.0%)
5-15	0 (0%)	1 (12.5%)	0 (0.0%)
16-30+	2 (8.3%)	0 (0%)	0 (0.0%)

CONCLUSIONS

- Over 90% reported using less than 4 tablets of their opioid prescription.
- Reducing opioids circulating in communities is imperative to public health and may be additionally beneficial to vulnerable populations, including geriatric individuals.

ACKNOWLEDGEMENTS

Ohio State University Wexner Medical Center's Center for Abdominal Core Health & Center for Minimally Invasive Surgery (CMIS)