Minimizing Opioids After Bariatric Surgery: Initial Experience with the Bariatric Surgery Targeting Opioid Prescriptions (BSTOP) Initiative

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Introduction

- In the setting of the current opioid epidemic, efforts to reduce unnecessary opioid use are important
- Little is known about perioperative utilization of opioids in the bariatric surgical patient
- The Bariatric Surgery Targeting Opioid Prescriptions (BSTOP) initiative of the American College of Surgeons aims to promote opioid prescribing reduction on a national scale using a multi-modal pain therapy and analyzing short-term narcotic use

Methods

- Inclusion: Consecutive adult patients undergoing primary bariatric procedures were prospectively observed for perioperative opioid usage patterns.
- Exclusion: Patients with preoperative opioid use or incomplete data were excluded from analysis.
- Protocol: A consistent enhanced recovery protocol was applied to all patients, including the use of non-narcotics and narcotics in a step-wise manner. Opioid use was recorded in morphine milligram equivalents (MME) based on calculations recommended by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP). Patients were followed until 30 days postoperatively.

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Results

- Over the 11-month study period, 95 bariatric cases at Loyola University Medical Center were reviewed and 86 patients met inclusion criteria.
- Pre-operative: All patients were treated with acetaminophen and gabapentin preoperatively.
- Intraoperative: 77 (89.5%) patients received regional anesthesia intraoperatively using laparoscopic guided transversus abdominis plane (TAP) blocks.
- Post-operative:
  - Inpatient: While all patients received scheduled non-opioid analgesics after the procedure, inpatient use of opioids varied widely (range 0-88 MME, median 15 [IQR 8-28.5]). Twelve patients required no opioids during their floor recovery.
  - Post-discharge: Nearly all patients were prescribed 10, 5 mg oxycodone tabs (75 MME)
    - **28% did not use any opioids**
    - **6% of patients required an additional refill**
    - **7% of patients reported ongoing opioid use at 30 days**
    - **At 30 days, median opioid use was 23 MME (IQR 0-60)**

Figure 2: Morphine (MSO4) Equivalents Provided for Outpatient Use

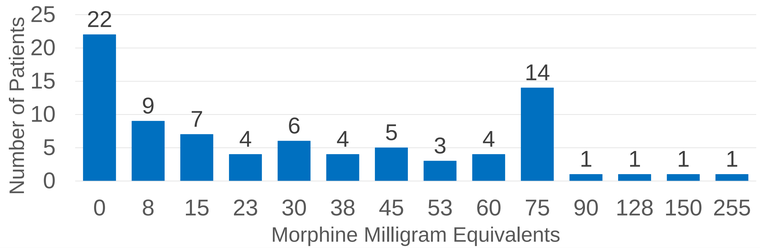
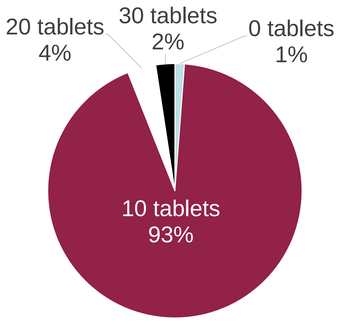


Figure 1: Quantity of Opioid Tablets Provided for Outpatient Use



Conclusion

Using an intensive multimodal analgesic regimen focusing on non-narcotic analgesia, perioperative opioid use can be minimized. Opioid requirements after bariatric surgery can vary widely, however, most patients can be safely discharged with less than 75 MME (10, 5mg oxycodone tabs) in addition to non-opioid analgesics. Future efforts may identify patient factors that explain over- or underutilization of perioperative opioids.