Are we overprescribing? A single-institution retrospective study toward an Opioid-Free Initiative in Bariatric Surgery

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INTRODUCTION

- Enhanced Recovery After Bariatric Surgery (ERABS) is a model that improves surgical outcomes, utilizes multimodal pain control to reduce opioid consumption, and is shown to increase patient satisfaction after bariatric surgery
- Prescribing opioids after bariatric surgery poses an increased risk of opioid dependence which exacerbates the widespread issue of opioid misuse and addiction
- The objective of this study is to determine if there is still an overprescription of opioids to post-operative patients, despite following an ERABS protocol

METHODS

- The study includes 65 patients who received bariatric surgery and were discharged with opioid pain medication from January 2018 to January 2019
- Anesthesia utilized non-opioid induction agents and incorporated a lidocaine drip. Ketamine and bilateral TAP block was administered to all patients
- Postoperatively, patients were given a multimodal pain control regimen including IV Tylenol, Toradol, Protonix, PO Gabapentin, and Simethicone with oxycodone 5mg given for breakthrough pain
- The patients were then discharged with a prescription for the same amount of oxycodone required during their whole hospital stay
- At the two-week post-operative follow up appointment, the patients filled out a survey to specify their opioid tablet requirement after discharge
- Patients discharged without opioids or patients who did not count the amount of opioid pills they took were excluded

RESULTS

Pills Taken	Pills Prescribed
136.5	698

Average : Only 19.5% of prescribed pills were taken

# of Patients Who Took Opioids	Total Patients
36	65

29 patients did not take any of their prescribed opioids = 44.6%

CONCLUSIONS

- From this single-institution retrospective study, 19.5% of prescribed pills were taken after discharge. 44.6% of patients didn't use any of their prescribed opioid pills on discharge
- A future goal would be to eliminate the need for opioids altogether after laparoscopic bariatric surgeries and identify a sufficient non-opioid pain control regimen that can achieve this consistently
- Further investigation of patient risk factors and comorbidities could be done to predict which patients may require opioid use in the post-operative period to help prevent overprescribing

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