

# Low risk of developing persistent opioid use after major surgery

10 August 2016

In a study published online by *JAMA Surgery*, Hance A. Clarke, M.D., Ph.D., F.R.C.P.C., of Toronto Western Hospital, Toronto, Canada, and colleagues measured rates of ongoing opioid use up to 1 year after major surgery.

Exposure to opioids is largely unavoidable after [major surgery](#) because they are routinely used to treat postoperative pain. Nonetheless, continued long-term [opioid](#) use has negative health consequences including [opioid dependence](#). There are limited data on the risk of previously opioid-naïve individuals developing persistent postoperative opioid use.

The researchers conducted an analysis of anonymized administrative population-based health care data. These databases capture information on outpatient prescriptions dispensed to Ontario residents 65 years or older. The study group included individuals who were 66 years or older, were opioid naïve (i.e., no prescription in prior year), and underwent specific major elective surgeries (e.g., coronary artery bypass graft [surgery](#) via sternotomy; open and minimally invasive lung resection surgery; open and minimally invasive colon resection surgery; open and minimally invasive radical prostatectomy; and open and minimally invasive hysterectomy) from 2003 to 2010. The authors measured the time to opioid cessation for any individual receiving an opioid prescription within 90 days after surgery, with the date of cessation defined by the absence of any opioid prescription within the preceding 90 days.

The study included 39,140 opioid-naïve patients, of whom 53 percent received 1 or more opioid prescriptions within 90 days after discharge. By 1 year after surgery, only 168 of 37,650 surviving patients (0.4 percent) continued to receive ongoing opioid prescriptions. The highest risk of long-term persistent opioid use occurred after lung resection procedures.

The authors write that their study "provides reassurance that the individual risk of long-term opioid use in opioid-naïve surgical patients is low. Conversely, the large volume of surgeries performed annually means that the population burden of long-term postoperative opioid use remains significant."

**More information:** *JAMA Surgery*. Published online August 10, 2016. [DOI: 10.1001/jamasurg.2016.1681](#)

Provided by The JAMA Network Journals

APA citation: Low risk of developing persistent opioid use after major surgery (2016, August 10)  
retrieved 20 July 2022 from <https://medicalxpress.com/news/2016-08-persistent-opioid-major-surgery.html>

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