

How can patients be protected from post-surgery opioid addiction?

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Greater coordination is needed between surgeons and physicians about the prescription of pain-relieving opioid drugs following surgery to help identify patients who are at risk of becoming opioid addicts. This is according to Michael Klueh of the University of Michigan in the US who led a retrospective review of medical specialty areas to find out which are most likely to prescribe opioids for the first time to postoperative patients. The research is published in the *Journal of General Internal Medicine* which is the official journal of the Society of General Internal Medicine and is published by Springer Nature.

Exposure to opioids is ubiquitous in surgical care in the US, and over-prescription is a common occurrence following operations. This has its drawbacks, as the long-term use of such medication can lead to addiction. A recent study showed that up to seven per cent of all [patients](#) who were prescribed such painkillers following [surgery](#) develop a persistent habit.

"Millions of Americans each year are continuing [opioid](#) use beyond the normal recovery period of 90 days after a surgical procedure," explains Klueh.

Klueh and his colleagues analyzed a national dataset of insurance claims filed by patients between 18 and 64 years old who had undergone surgical procedures between 2008 and 2014. All had received opioid drugs as a form of pain relief for the first time in their lives. In all, the researchers identified 5276 patients who had developed persistent drug

habits and continued filing opioid [prescriptions](#) three to six months after their operations had taken place—well past the stage that the use of such medication is deemed normal. Klueh's team noted which medical practitioners had provided them with the prescriptions.

The researchers found that surgeons (69 per cent) wrote most prescriptions in the three months following surgery, followed by [primary care physicians](#) (13 per cent), emergency medicine personnel (2 per cent) and physical medicine and rehabilitation staff (1 per cent). All other specialties accounted for 15 per cent of such prescriptions. In contrast, nine to twelve months after surgery, the majority of opioid prescriptions were provided by primary care physicians (53 per cent), followed by surgeons (11 per cent).

"Heightened awareness among patients, surgeons, and primary care physicians that surgery increases the risk of new persistent opioid use is necessary to promote improved communication and aggressive tapering of opioids while still in the acute surgical period," advises Klueh, who believes that patients should be adequately informed about the realities of postoperative pain, and how long they can safely use opioids following surgery.

Klueh calls for enhanced care coordination between surgeons and primary care physicians to allow for the swift identification of patients at risk of developing new opioid use habits, so that further misuse and dependence can be prevented. Surgeons and physicians should also consider the use of specific non-opioid postoperative painkillers.

"Shorter initial opioid prescriptions after surgery would trigger a feedback loop between patient and [physician](#), allowing surgeons to rapidly identify patients that continue to require opioids," says Klueh.

More information: Michael P. Klueh et al, Transitions of Care for

Postoperative Opioid Prescribing in Previously Opioid-Naïve Patients in the USA: a Retrospective Review, *Journal of General Internal Medicine* (2018). [DOI: 10.1007/s11606-018-4463-1](https://doi.org/10.1007/s11606-018-4463-1)

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