

Program reduces narcotic prescriptions after surgery with over-the-counter pain medicine

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Surgeons at Houston Methodist Hospital are stemming the tide of addiction to prescription opioids by managing patients' pain after surgery. By using long-acting local anesthetics at the site of surgery and scheduled non-narcotic pain medicine, they decreased opioid prescriptions from 87% to 10% after surgery.

According to the National Institute on Drug Abuse, more than 130 people die every day from [opioid](#) overdosing, and a portion of these deaths may be due to the availability of opioids after elective [surgery](#). Up to 10% of [patients](#) develop addictions after taking opioids following elective surgery.

In a Jan. 22 paper in *The Journal of Thoracic and Cardiovascular Surgery*, Houston Methodist surgeons and researchers showed that using a pre-emptive [pain](#) management program reduced their need for narcotic prescriptions. The six-year retrospective study (2012-2018) evaluated more than 400 Houston Methodist patients. "Just a decade ago we routinely prescribed narcotics to treat pain at home after surgery," said Min Kim, M.D., corresponding author and head of the division of thoracic surgery at Houston Methodist Hospital. "With the current opioid epidemic, we wanted to determine if we could manage pain at home after surgery with over-the-counter pain medication. We developed and implemented the pre-emptive pain control program, which led to excellent pain control at home without requiring prescription narcotics."

The study included patients undergoing minimally invasive esophageal and GI-related procedures, such as hiatal hernia repair, reflux surgery and achalasia surgery:

- Enhanced recovery after surgery with pre-emptive pain management group—Patients and surgeons

discussed enhanced patient education about managing pain with scheduled over-the-counter pain medication pre-emptively. Long-acting local anesthetics were also placed at each incision, and patients maintained scheduled doses of non-narcotic pain medication in the hospital and at home (e.g., Tylenol). Approximately 9.6% of these patients went home with opioid prescriptions, and this group had the lowest post-operative complications at 3.2%.

- Control group—This group was prior to the adoption of pre- or post-surgical pain management and had the most post-operative complications (15.1%), where 87% were discharged with [opioid prescriptions](#).

"This study provides us with a strategy to successfully manage pain after surgery using over-the-counter pain medication. This led to fewer narcotic prescriptions which proactively decreases the chance of patients becoming addicted to narcotics," Kim said.

Houston Methodist Hospital will next look at the impact of the pre-emptive pain management program in pulmonary surgery patients.

More information: Min P. Kim et al, Preemptive pain-management program is associated with reduction of opioid prescriptions after benign minimally invasive foregut surgery, *The Journal of Thoracic and Cardiovascular Surgery* (2019). [DOI: 10.1016/j.jtcvs.2019.06.056](https://doi.org/10.1016/j.jtcvs.2019.06.056)

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