# Opioid Prescribing Guidelines

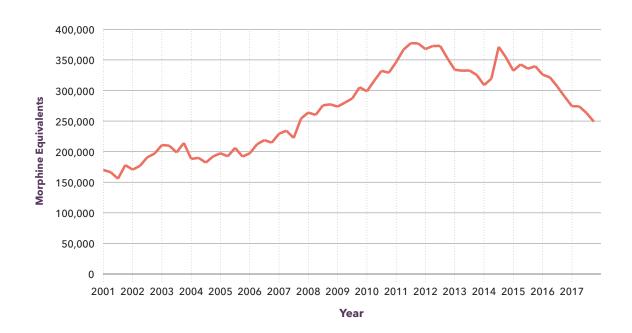
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### Over-prescribing of Opioids Continues to Feed the Opioid Crisis

Approximately 80% of patients who are addicted to opioids began their opioid use with prescription medications.<sup>1</sup> Despite the risks of prescription opioids, they continue to be prescribed at historically high rates in Philadelphia. Opioid prescribing began to rise in the 1990s and peaked in about 2012, but sales today are still far higher than they were in 2001.<sup>2</sup> Based on a survey of the general population, approximately 1 in 7 women (91,000 women) in Philadelphia took a prescription painkiller in the past 7 days, and most received them from their physicians.<sup>3</sup>

#### SALE OF SELECTED PRESCRIPTION OPIOIDS

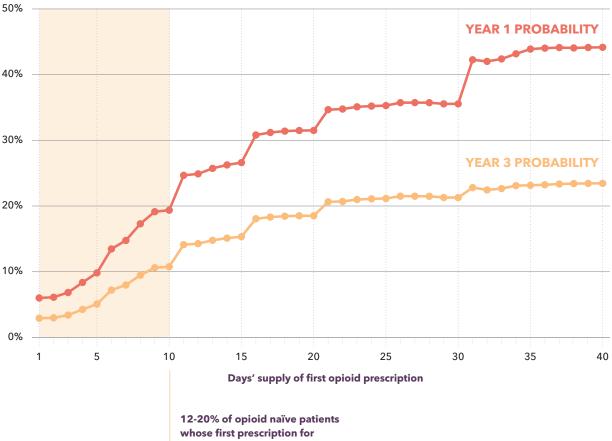


Philadelphia, 2001-2017

### Opioid Use After Surgery Contributes to the Problem

While opioids are often prescribed in primary care for chronic pain, for many opioid-naïve patients, their first exposure to prescription opioids is after surgery. The length of their first prescription can put patients on the trajectory for long-term use, which can lead to dependence and addiction. Multiple studies have demonstrated that between 1% and 7% of women who undergo OB/GYN surgeries develop persistent opioid use. In Philadelphia, approximately 9,472 women underwent cesarean in 2018. Therefore, even a 1% rate would translate to 94 patients developing persistent opioid use per year.<sup>4,5,6</sup>

### PROBABILITY OF CONTINUED OPIOID USE AMONG OPIOID-NAIVE PATIENTS<sup>7</sup>



By number of days' supply of first opioid prescription, United States, 2006-2015

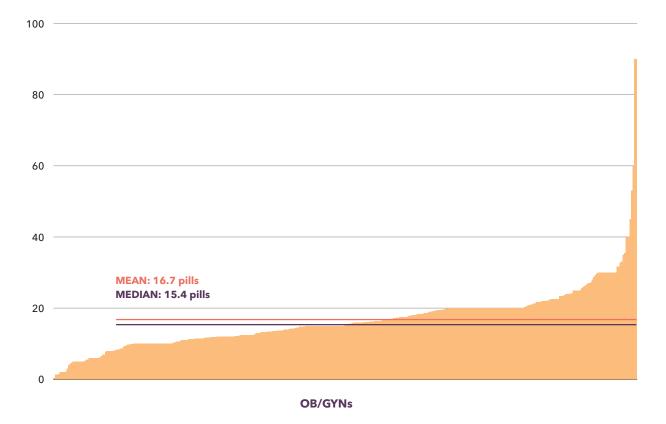
12-20% of opioid naïve patients whose first prescription for opioids is for 10 days become long-term users.

## OB/GYNs in Philadelphia Commonly Prescribe Opioids for Long Durations

Opioid prescribing among OB/GYNs in Philadelphia is high. The median number of pills per prescription to Medicaid beneficiaries is over 15 pills.<sup>8</sup> This translates to 3-5 days of opioids and a 6-10% risk of long-term use.

#### AVERAGE NUMBER OF PILLS PER OPIOID PRESCRIPTION

Among Obstetricians and Gynocologists (Medicaid only) 2018 H-2 to 2019 H-1



**4** Opioid Prescribing Guidelines for OB/GYNs

### Most Opioid Pills Are Not Used

If opioids are to be prescribed, many fewer can be prescribed. Multiple studies have shown that between 61% and 83% of patients use fewer than half of the pills they are prescribed following cesarean section.<sup>9,10</sup> One study demonstrated that following cesarean section, a majority of respondents reported taking no or very few (less than 5) prescribed opioid pills.<sup>9</sup> Similar rates of usage have been reported for benign gynecologic surgery, regardless of procedure – between 64% and 90% of patient use fewer than half of the opioids prescribed and 16% of women use no opioids at all.<sup>11,12,13</sup>

Additionally, patients are influenced by the number of pills they are prescribed: when fewer pills are prescribed, fewer are taken, independent of patient characteristics.<sup>14, 15</sup>

## Large Prescriptions Do Not Improve Pain Control or Prevent Refill Requests

Undertreated pain is a concern of patients and surgeons. However, despite the perception that fewer opioids will result in higher pain scores and a greater need for refills, data have not shown this to be true. Several studies have shown that, post-cesarean section, pain scores, patient satisfaction and refill requests do not vary with prescription size, but that larger prescriptions are associated with increased side effects.<sup>13,16</sup> Additionally, higher amounts of prescribing post-hysterectomy have been associated with *increased* requests for refills.<sup>17</sup> This strongly suggests that fewer opioids can be prescribed without compromising patient care or satisfaction.

E-prescribing of controlled substances, required in Pennsylvania as of November 2019, should make supplementation easier if a refill is necessary postoperatively.<sup>18</sup>

### Managing Patients' Expectations

Patients are often concerned about the pain they will experience postoperatively. Acknowledging this concern and reassuring patients that pain is a normal part of the healing process can help them cope. The guidelines include recommendations for how to set appropriate expectations with patients.

## Postoperative Opioid Prescribing Guidelines

Please consider the enclosed guidelines if you are going to prescribe opioids to your opioid-naïve patients following commonly performed surgeries in obstetrics and gynecology. These guidelines are not intended to replace clinical judgment, but were written using available evidence in the literature to reduce overprescribing while sufficiently treating a patient's pain. The guidelines differentiate between obstetric (cesarean section and vaginal delivery) and benign gynecologic procedures (minor, laparoscopic minor, minimally invasive major, and abdominal procedure). Pain experienced by opioidnaïve patients undergoing vaginal deliveries and minor benign gynecologic surgeries (such as a dilation and curettage, hysteroscopy, and LEEP) is likely to be sufficiently managed with NSAIDS and other non-opioid pain treatment modalities. Patients undergoing these types of procedures should not be prescribed opioids.

Patients undergoing major surgery (such as a laparotomy) may spend days in the hospital recovering. Ideally their pain improves during their inpatient stay such that they do not require opioids after hospital discharge. However, we recognize that patients may be discharged before their pain is entirely resolved. If opioids are to be prescribed at discharge, it should be in the lowest dose possible and in quantities consistent with the enclosed table. Use of NSAIDS as first-line treatment should still be recommended.

The recommended amounts for major surgery were calculated using the following rationale:

- » Across multiple studies, approximately 1/3 to 1/2 of the currently prescribed pills are used.
- » One-fifth of patients consume no opioids, so zero should be the lower limit.

Managing Postoperative Pain in Patients with Previous Opioid Use

While the recommendations in these guidelines are focused on postoperative pain management in opioid-naïve patients, some OB/GYN patients have been taking opioids for a prolonged period of time. Postoperative management of this population should be performed using a shared decisionmaking model.

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