

ABSTRACT TITLE: WIDE VARIATION EXISTS IN OPIOID PRESCRIBING PATTERNS AFTER COLECTOMY

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Background/Introduction: Post-operative exposure to opioid analgesics is a known avenue to opioid dependence. Despite extensive publicity of the national opioid abuse epidemic, we hypothesize that opioid prescribing practices following colorectal surgery vary widely and many surgeons are not aware, or do not utilize, practices that help reduce prescription opioid use.

Method: This is an electronic survey study distributed to surgeons of the Texas Alliance for Surgical Quality (TASQ) who routinely perform colorectal surgery. Survey questions addressed the type and quantity of analgesics prescribed after open and laparoscopic colorectal procedures, use of electronic prescribing, and the Texas Prescription Drug Monitoring Program (PDMP). Questions were structured using a Likert scale and multiple choice format. Opioid prescription amounts were converted to Oral Morphine Equivalents (OME). Means were compared with students t-test.

Results: A total of 28 surveys were included. Surgeons routinely prescribed tramadol (43%), hydrocodone (39%) and oxycodone (6%). Only 17% of respondents reported not routinely prescribing postoperative opioids. More opioid was prescribed following open procedures than for laparoscopic procedures (169 OME open, range 0-450 vs. 116 OME laparoscopic, range 0-300, p=0.0475). Multimodal analgesia (most commonly NSAIDs, acetaminophen or gabapentinoids) was utilized by 68% of surgeons. Only three surgeons utilized e-prescribing and one reported accessing the PDMP.

Conclusion: Postoperative opioid prescribing patterns vary widely within the TASQ. Multimodal analgesia, electronic prescribing, and the PDMP are underutilized methods that are helpful to minimize opioid prescribing. Educational efforts should be directed to standardization of postoperative opioid prescribing and increase the use of these best practices.

Table 1:

	n	Mean (OME)	Range (OME)
Open	26	169	0-450
Laparoscopic	26	116*	0-300

*p=0.0475