

ABSTRACT TITLE: PATIENTS ENROLLED IN ENHANCED RECOVERY AFTER SURGERY (ERAS) PATHWAY DEMONSTRATE LOW POST-DISCHARGE OPIOID CONSUMPTION FOLLOWING TOTAL ABDOMINAL HYSTERECTOMY

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Background/Introduction: Many common surgeries are associated with increased risk of chronic opioid use, even among formerly opioid-naïve patients.^{1,2} Thus, the perioperative period represents a potential opportunity for interventions that might reduce postoperative opioid requirement. One promising strategy has been the development of enhanced-recovery after surgery (ERAS) programs which have been associated with multiple improved postoperative outcomes, including reduced opioid use³. However, data collection to this point has been limited to the inpatient setting. Therefore, we sought to determine the effect of ERAS pathways on post-discharge opioid consumption (PDOC) in patients undergoing either robotic or laparoscopic total abdominal hysterectomy (TAH).

Methods: Telephone surveys were administered to ERAS-managed gynecologic oncology patients undergoing either robotic or laparoscopic TAH over a four-month period (7/1/17 – 11/10/17). Patients were not contacted until at least two weeks following their surgery date. Questions addressed numerous postoperative management issues, including pain control, time to pain resolution, pain impact on quality of life, multimodal analgesic use, and opioid disposal.

Results: Overall, 106 patients were contacted via telephone over the aforementioned date range with 32 patients completing surveys (response rate 30.2%). The vast majority of patients (94%) received oxycodone 5 mg as their opioid analgesic. Patients were prescribed an average of nearly 27 total doses of opioid (26.59 ± 7.07), but used an average of only 8 doses (8.03 ± 9.52). Twenty-eight patients (88%) had greater than 50% of their prescribed opioid leftover, and twenty-one (65%) had greater than 80% leftover. Only four patients (12.5%) used all of their prescribed opioid.

Conclusion: Through the use of multi-modal analgesia, ERAS pathways decrease inpatient opioid requirement. This study is novel in that it evaluates the impact of ERAS pathways on PDOC. Our results demonstrate ERAS-managed patients undergoing either laparoscopic or robotic TAH require very little opioid following discharge, with the majority using fewer than 80% of the total doses prescribed. One limitation of this study was the lack of historical data to compare PDOC in patients before ERAS was implemented. However, our results indicate that ERAS-managed patients require very little post-discharge opioid, and these programs therefore represent an important perioperative intervention which may have dramatic impact on the community opioid burden.

References:¹ BMJ. 2014;348:g1251.² JAMA Intern Meds. 2016;176(9):1286-1293.³ Rohman et al. "Enhanced Recovery Program (ERP) for thoracic surgical patients decreases PACU recovery time and opioid use." Abstract presentation. American Society of Anesthesiologists Annual Meeting 2016. Chicago, IL.