

Opioid Prescribing Recommendations for Opioid-naïve Patients

Procedure	Hydrocodone (Norco) 5 mg tablets	Oxycodone 5 mg tablets
	Codeine (Tylenol #3) 30 mg tablets	
	Tramadol 50 mg tablets	
Laparoscopic Cholecystectomy	15	10
Laparoscopic Appendectomy	15	10
Inguinal/Femoral Hernia Repair (open/laparoscopic)	15	10
Open Incisional Hernia Repair	40	25
Laparoscopic Colectomy	35	25
Open Colectomy	40	25
Hysterectomy		
Vaginal	20	15
Laparoscopic & Robotic	30	20
Abdominal	40	25
Wide Local Excision ± Sentinel Lymph Node Biopsy	30	20
Simple Mastectomy ± Sentinel Lymph Node Biopsy	30	20
Lumpectomy ± Sentinel Lymph Node Biopsy	15	10
Breast Biopsy or Sentinel Lymph Node Biopsy	15	10

Recommendations were based on patient-reported data from MSQC and published studies. Recommended amounts meet or exceed self-reported use of 75% of patients. Previous studies have shown that when patients are prescribed fewer pills, they consume fewer pills with no changes in pain or satisfaction scores. Many patients use 0-5 pills. Recommendations are for patients with no preoperative opioid use. For patients taking opioids preoperatively, prescribers are encouraged to use their best judgment.

These recommendations will be updated frequently with new data.

Find up-to-date recommendations, and patient education materials at:

opioidprescribing.info

Recommendations were last updated on 10/02/2017. See opioidprescribing.info for more info.

Counseling Patients

As we write for fewer opioids, there may be concern that we will see an increase in phone calls for refills or inadequate pain control. In fact, single institution studies found that with appropriate patient education, not only did patients consume less medication, but requests for refills did not increase.

To ensure appropriate pain management, **all patients** should receive counseling addressing the following items:

SET EXPECTATIONS: “Some pain is normal. You should be able to walk and do light activity, but may be sore for a few days. This will gradually get better.”

SET NORMS: “Half of patients who have this procedure take under 10-15 pills.”

NON-OPIOIDS: “Take acetaminophen and ibuprofen around the clock, and use the stronger pain pills only as needed for breakthrough pain.”

Avoid NSAIDs in patients with peptic ulcer disease and associated risk factors (smoking, drinking), bleeding disorders, renal disease, and specific operations at surgeon discretion.

APPROPRIATE USE: “These pills are for pain from your surgery, and should not be used to treat pain from other conditions.”

ADVERSE AFFECTS: “We are careful about opioids because they have been shown to be addictive, cause you harm, and even cause overdose if used incorrectly or abused.”