

**Rationale:** Opioids are overprescribed after surgery, which can lead to new persistent users, a significant surgical complication. Excessive, unused opioid medications have devastated our communities by creating an opportunity for misuse and diversion. Implementation of a pain control optimization pathway, leveraging multi-modal analgesic management and patient education and engagement, can potentially transform post-operative surgical care.

**The care processes:**

- **Patient Screening:** Risks and benefits of participation must be discussed. Patients in active recovery from Opiate Use Disorder (OUD) may be considered eligible, on a case-by-case basis, at the discretion of their surgeon.
- **Patient Exclusions:**
  - History of multiple comorbidities, in whom surgery is not straightforward.
  - Currently utilizing opioids for chronic pain.
  - Those with allergies, medical conditions, or personal reservations contra-indicating acetaminophen and/or ibuprofen use.
- **Preoperative optimization:** The care process conversation should begin as early as the surgical consult, or at the preoperative screening. The attending surgeon will discuss both advantages and disadvantages of this care pathway with the patient to inform their decision-making. Patients will receive education regarding:
  - The care pathway.
  - Alternatives to opioids for postoperative pain management.
  - Post-operative pain expectations.
- **Operative management:** The perioperative pain management plan will again be discussed with the patient, the attending anesthesiologist and surgeon.
  - Patients will receive standard analgesia intraoperatively, to ensure safe and optimal anesthetic management during surgery.
  - While care and medications in the Post Anesthesia Care Unit (PACU) should remain unchanged, nursing is encouraged to administer oral opioids sparingly.
- **Discharge post-operative pain management:**
  - Patients should receive clear and detailed instructions regarding the normal postoperative course, normal pain expectations, and the risks and benefits of all prescribed medications.
  - Patients should receive communication options to be used if the postoperative course is going unexpectedly.
  - Patients should receive instructions for scheduled acetaminophen and ibuprofen to be taken around-the-clock, at specific times, for the first 72 hours after surgery.
  - Patients should be educated regarding the efficacy and use of non-opioid pain management options such as over-the-counter medications, ice packs, ambulation, and other adjuncts for optimal pain care.
  - Patients may be given a prescription for an opiate using the pain-control optimization pathway recommendations of specific, limited quantities. Please refer to the medication chart below.

# POP – Pain-control Optimization Pathway

- Patients should be instructed on the importance of using the limited opioids **only** as a rescue treatment for severe breakthrough pain in the first 24-48 hours after discharge.
- Patients should be encouraged not to take any opioids beginning on postoperative day one and beyond.
- Ideally, patients should be given an in-home drug disposal product for their excess opioids, however, if such a product is unavailable, patients should be provided written information on locating an authorized collector, in their community. As a last resort, instructions on safe disposal of excess opioids using household trash should be provided.

## Opioid Medication Summary and Michigan OPEN Recommendations

<b><u>Procedure</u></b>	<b><u>Qty.</u></b>	<b><u>Discharge Rx</u></b>
<b>Cholecystectomy</b>	4	Oxycodone
<b>Inguinal Hernia</b>	10	Oxycodone
<b>Sleeve Gastrectomy</b>	10	Oxycodone
<b>Prostatectomy</b>	6	Oxycodone
<b>Sinus Surgery</b>	8	Oxycodone
<b>Thyroidectomy</b>	5	Oxycodone*

\*Or Tramadol 50mg as decided by care team

**Pre-op:** Unless contraindicated, all patients receive acetaminophen 1gm preoperatively.

**Intra-operatively:** All laparoscopic port sites shall be infiltrated with local anesthetic. All patients receive Toradol 30mg IVP at closing, unless contraindicated.

**Post-op:** If Toradol was not administered intraoperatively, consider administration in PACU, unless contraindicated.

**Discharge:** All patients will be instructed to schedule, around-the-clock acetaminophen and ibuprofen. **Acetaminophen 650mg** will be staggered every 3 hours with **ibuprofen 600mg**, in an alternating fashion. This schedule ensures pain meds every 3 hours, with 6 hours between dosing of acetaminophen and dosing of ibuprofen.