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Optimizing Opiate Use in Hip Arthroscopy

Ryan S. Selley, MD, UNITED STATES

Matthew J. Hartwell, MD, UNITED STATES

Bennet Butler, MD, UNITED STATES

Vehniah K. Tjong, MD, FRCSC, UNITED STATES

Michael Terry, MD, UNITED STATES

Vehniah K. Tjong, MD, FRCSC, UNITED STATES

Northwestern Memorial Hospital

Chicago, IL, UNITED STATES

Summary:

An observational study designed to determine the optimal amount of opiates to prescribe for hip arthroscopy.

Abstract:

Introduction

Orthopedic surgeons frequently use opioids for peri-operative pain management and there is considerable variability in the amount prescribed between surgeons. As such, the appropriate number of opioids to prescribe for specific procedures is often unknown. Leftover prescription opioids are at risk for diversion to family and friends for nonmedical use. The aim of this study was to determine the optimal amount of narcotics to prescribe postoperatively for patients.

Methods

23 consecutive patients = 18 years old were enrolled in the study. A preoperative questionnaire with demographic information, prior narcotic usage, and risk factors for increased narcotic usage was obtained. All patients were prescribed 60 hydrocodone/acetaminophen 10/325 pills postoperatively as part of a multimodal pain management strategy. Patients were called at 14 and 21 days post-operatively to tabulate the number of pills used and knowledge of how to properly dispose of pills.

Results

The median number of narcotic pain pills required was 6 (IQR: 3,17). 56.5% of patients required =10 narcotic pain pills postoperatively. 77.6% of narcotics prescribed were unused and only 34.8% of patients knew how to properly dispose of narcotics. Knowledge of how to properly dispose of unused narcotics was protective against a prolonged duration of narcotic use postoperatively (Parameter estimate -5.7; 95% CI: -11.3, -0.1; p=0.045).

Conclusion

Reducing the number of prescribed narcotic tablets to 25 would likely meet the post-operative pain demands of over 80% of hip arthroscopy patients. More judicious post-operative prescribing patterns would decrease the amount of unused narcotics of which only one-third of patients know how to dispose of properly. Appropriate narcotic prescribing practices and patient education regarding use and disposal may help minimize physician contribution to opioid misuse, overuse and diversion.