

Poster #4: An evidence-based approach to prescribing post-discharge opioids after laparotomy

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Topic: Quality & Healthcare systems

Objectives

To develop and implement an evidence-based calculator to inform post-discharge opioid prescription size for gynecologic oncology patients after laparotomy.

Methods

In 2021, open surgical gynecologic oncology patients were called 2-4 weeks after surgery to ask about their home opioid use and assess refill rates as well as satisfaction with their post-discharge opioid prescription size. This data was used to develop a predictive model for self-reported opioid use using two factors: 1) age of the patient, 2) oral morphine equivalents (OME) used by patients the day before hospital discharge. A 50% increase in the predictive model was incorporated in our final calculator to balance over- and under-prescription. Our calculator was implemented on the inpatient service from 8/21/22 to present and patients were contacted 2-4 weeks after surgery to again assess their total opioid use at home, need for an opioid refill, and satisfaction with their post-discharge opioid prescription. "Pre-calc" and "post-calc" data are compared.

Results

Data from 95 pre-calc surveys were used for the development of our opioid prescription size calculator. 83 post-calc surveys have been conducted thus far. There were fewer pre-calc hysterectomies performed than post-calc (66% vs 81%, $p=0.03$) but there was no difference pre- to post-calc in bowel resections or adnexal procedures performed, nor was there a difference in hospital length of stay. Postoperative pain management with an epidural or transversus abdominis plane (TAP) block did not differ between the two cohorts. The median opioid prescription size decreased from 150 to 37.5 OME ($p<0.01$) and self-reported use of opioids at home decreased from 22.5 to 0 OME ($p=0.04$). Refill rate was 12.6% pre-calc and 12.0% post-calc ($p=0.91$). The surplus of opioids our patients reported having at home decreased from 1331 excess doses of 5mg oxycodone tabs per 100 patients, to 571 doses per 100 patients. Patient response that they received "too few" opioids post-discharge did not statistically differ from pre- to post-calc (12.6% vs 20.5%, $p=0.16$).

Conclusions

An evidence-based approach for prescribing opioids to patients after laparotomy decreased the surplus of opioids we introduced into our patients' communities without impacting refill rates or patient satisfaction.

Abstract Table or Graph

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