

Consequences of non-optimal opioid prescribing after surgery

Mark C. Bicket, MD

Johns Hopkins University School of Medicine

MRTG-HSR

8/17/2017

Patients frequently receive opioid prescriptions to treat acute pain after surgery, but personalization of pain prescriptions does not routinely occur. Prescribers often use a “one-size-fits-all” approach which may lead to problems, such as patients without prior opioid exposure transitioning to long-term opioid use or patients having high numbers of unused pills when they stop taking opioids. This project will use claims data to examine the impact of different rates of opioid prescribing on the transition to long-term opioid use after surgery. We will also follow patients after surgery to examine whether patients with high numbers of unused opioid pills experience low-quality pain relief compared to patients who use most of their prescription opioids. We anticipate these findings will guide the development of tools to optimize pain prescriptions after surgery and give guidance to prescribers as to how best meet the challenge of prescribing opioids in the era of the opioid epidemic.