

Reduce Patient Exposure to Opioids in the Surgical Setting

The surgical experience can be a patient's first exposure to opioids. For some patients, that exposure can ultimately lead to opioid abuse and misuse. Physician anesthesiologists have the unique knowledge and expertise to develop and utilize pain control alternatives that can reduce patient exposure to and use of opioids during surgery and at discharge.

Approximately 51 million Americans undergo inpatient surgery annually and over 80 percent of those patients receive opioids after low-risk surgery. **Studies find that prescription of an opioid at discharge is an independent risk factor for chronic opioid use one year later.** It is critical that all aspects of the health delivery system be reviewed and challenged to reduce and limit the use of opioids including the surgical setting.

Physician anesthesiologists are experts in pain management and are uniquely suited to prevent opioid abuse and misuse by employing opioid-sparing techniques in the surgical setting. Not only do they understand the intricacies of post-surgical pain and alternative treatment options to best manage this pain, they also specialize in pain medicine and treat complex patients affected by ongoing chronic pain.

In preparing for surgery, physician anesthesiologists can work with surgeons to design pain control plans that use opioid-sparing techniques, such as:

- Regional anesthesia – pain medication to numb a large part of the body (injections, including blocks and epidurals)
- Multimodal approach – pain is treated with different combinations of drugs targeting different pathways of the body to reduce opioids

Several large hospitals are utilizing these and other opioid-minimizing approaches in the perioperative setting to reduce reliance on opioids during and following surgery.

Additional data is needed, however, to establish effective strategies and best practices to minimize opioid exposure during the perioperative period and upon discharge after surgery. Data in this setting would allow the further development and implementation of pain management protocols that would reduce the reliance on opioids nationwide.

ASA commends Congress for several initiatives aimed at reducing patient exposure to opioids and at collecting of data on best practices.

- **ASA strongly supports the Senate Health, Education, Labor and Pensions (HELP) Committee reported bill, S. 2680, the Opioid Crisis Response Act**, especially section 403 that includes dedicated grants to hospitals and other acute care settings to implement best practices on the use of alternatives to opioids.
- **ASA strongly supports H.R. 5718, the Perioperative Reduction of Opioids (PRO) Act**, introduced by Representatives Jason Smith (R-MO) and Brian Higgins (D-NY) to establish a U.S. Department of Health and Human Services Technical Expert Panel (TEP) dedicated to reducing opioids in the surgical setting and collecting data on perioperative opioid use. This panel would be convened by the Secretary and tasked with providing recommendations on reducing opioid use in the surgical setting and best practices for pain management.
- **ASA supports H.R. 5197, Alternatives to Opioids (ALTO) in the Emergency Department**, a bill moving through the House, which is similar to section 403 of S. 2680 which could be expanded to incorporate the surgical setting.

REQUEST:

Congress is urged to enact legislation that 1) recognizes the opportunities to address opioid abuse and misuse related to the surgical experience; 2) includes the expertise of physician anesthesiologists, surgeons and emergency physicians in the development of best practices for opioid-sparing techniques in the surgical and emergency settings; and 3) supports the collection of data on perioperative opioid use.



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