

## Opioid Prescribing Recommendations for Opioid-naïve Patients

# Prescribing Recommendations UPDATED 2019

Procedure	Oxycodone* 5mg tablets	Procedure	Oxycodone* 5mg tablets
Laparoscopic Cholecystectomy	10	Hysterectomy – Vaginal, Lap/Robotic, or Abdominal	15
Open Cholecystectomy	15	Cesarean Section	15
Appendectomy – Lap or Open	10	Breast Biopsy or Lumpectomy	5
Hernia Repair – Major or Minor	10	Lumpectomy + Sentinel Lymph Node Biopsy	5
Colectomy – Lap or Open	15	Sentinel Lymph Node Biopsy Only	5
Ileostomy/Colostomy Creation, Re-siting, or Closure	15	Wide Local Excision ± Sentinel Lymph Node Biopsy	20
Open Small Bowel Resection or Enterolysis	20	Simple Mastectomy ± Sentinel Lymph Node Biopsy	20
Thyroidectomy	5	Modified Radical Mastectomy or Axillary Lymph Node Dissection	30
Sleeve Gastrectomy	10	Carotid Endarterectomy	10
Prostatectomy	10	Total Hip Arthroplasty	30
Laparoscopic Anti-reflux (Nissen)	10	Total Knee Arthroplasty	50
Laparoscopic Donor Nephrectomy	10	Dental	0
Cardiac Surgery via Median Sternotomy	15		

\*The recommendations remain the same if prescribing hydrocodone 5mg

Recommendations were based on patient-reported data from MSQC and published studies. Recommended amounts meet or exceed self-reported use of 75% of patients. Previous studies have shown that when patients are prescribed fewer pills, they consume fewer pills with no changes in pain or satisfaction scores. Many patients use 0-5 pills. Recommendations are for patients with no preoperative opioid use. For patients taking opioids preoperatively, prescribers are encouraged to use their best judgment.

These recommendations will be updated frequently with new data.

Find up-to-date recommendations, and patient education materials at: [opioidprescribing.info](http://opioidprescribing.info)

Recommendations were last updated on 1/14/2019. See [opioidprescribing.info](http://opioidprescribing.info) for more info.

## Counseling Patients

As we write for fewer opioids, there may be concern that we will see an increase in phone calls for refills or inadequate pain control. In fact, single institution studies found that with appropriate patient education, not only did patients consume less medication, but requests for refills did not increase.

To ensure appropriate pain management, **all patients** should receive counseling addressing the following items:

**SET EXPECTATIONS:** “Some pain is normal. You should be able to walk and do light activity, but may be sore for a few days. This will gradually get better.”

**SET NORMS:** “Half of patients who have this procedure take under 10-15 pills.”

**NON-OPIOIDS:** “Take acetaminophen and ibuprofen around the clock, and use the stronger pain pills only as needed for breakthrough pain.”

Avoid NSAIDs in patients with peptic ulcer disease and associated risk factors (smoking, drinking), bleeding disorders, renal disease, and specific operations at surgeon discretion.

**APPROPRIATE USE:** “These pills are for pain from your surgery, and should not be used to treat pain from other conditions.”

**ADVERSE AFFECTS:** “We are careful about opioids because they have been shown to be addictive, cause you harm, and even cause overdose if used incorrectly or abused.”

**SAFE DISPOSAL** “Disposing of these pills prevents others, including children, from accidentally overdosing. You can take pills to an approved collector (including police stations), or mix pills with kitty litter in a bag and throw them in the trash.”