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Opioid-Prescribing Practices for Post-Operative Patients in Otolaryngology: A Multiphasic Quality Improvement Project in a Single Large Institution

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Objectives:
In otolaryngology, postoperative pain management lacks evidence-based guidelines. We investigated opioid prescription and consumption for common procedures to develop prescribing guidelines at our institution.

Study Design:
Prospective, survey study.

Methods:
Patients who underwent surgery between July and September were given surveys upon discharge and at first follow-up visit. We assessed opioid usage and pain using the visual analog scale and opioid consumption throughout the postoperative period. Opioid prescriptions were converted to a standardized unit of 5 mg Oxycodone pills for reporting. Four procedures (transoral robotic surgery resection [TORS], sialendoscopy, parathyroidectomy/thyroidectomy, and parotidectomy) were selected for isolated analysis.

Results:
Of the 80 surveys that met criteria for inclusion for analysis, a total of 1,954.0 pills were prescribed, with 300.3 pills (15.4%) reported having been used by patients, leaving 1,653.7 pills (84.5%) unused. TORS (n=12) average pills used: 4.9 ± 5.9 (95% CI: 1.6-8.3); total % pills unused: 89.3%. Sialendoscopy (n=13) average pills used: 4.2 ± 5.1 (95% CI: 1.1-7.4); total % pills unused: 72.5%. Parathyroidectomy/thyroidectomy (n=22) average pills used: 3.1 ± 4.4 (95% CI: 1.7-5.5); total % pills unused: 79.2%. Parotidectomy (n=12) average pills used: 1.3 ± 2.5 (95% CI: 0.7-4.3); total % pills unused: 94.7%.

Conclusions:
At our institution, opioids for ((postoperative otolaryngology)) patients' pain management in otolaryngologic procedures were prescribed in excess with 84.5% reported as unused. Procedure-specific opioid diversion pool ranged from 72.5%-94.7%. Our findings provide a foundation for procedure-specific evidence-based opioid prescription guidelines.