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Zero Tolerance – Mitigating the Opioid Epidemic Amongst Minimally Invasive Urologic Patients

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SI/CTR Abstract

Zero Tolerance – Mitigating the Opioid Epidemic Amongst Minimally Invasive Urologic Patients

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Introduction: Opioids are routinely prescribed following minimally invasive surgery (MIS), yet the majority of medication remains unused. However, the literature is lacking evidence for non-narcotic analgesia in MIS urologic procedures. The purpose of this study is to evaluate the efficacy of a non-narcotic postoperative pain management regimen in reducing opioid use following MIS urologic procedures.

Methods: In this prospective study, 51 MIS urologic patients were recruited over two months. Patients in the first month cohort (P1) were managed with the established pain management standard-of-care, while patients in the second month (P2) followed a non-narcotic postoperative pain management protocol that included an “opt-in” requirement for opioids. Protocol efficacy was assessed using self-reported patient pain scores at three time points, total postoperative hospital opioid utilization, and the need for opioids at discharge. Data analysis included descriptive statistics and student’s t-test.

Results: Total mean values revealed 27.9% reduction in morphine equivalent dose (MED) prescribed, 19.7% reduction in MED used by patients, and 70% reduction in

SI/CTR Abstract

number of patients prescribed any opioids at time of discharge in P2 patients compared to P1 patients (p -value <0.001). There was no significant difference between P1 and P2 in patient pain scores at each time point.

Discussion: Overall, the new non-narcotic pain management protocol reduced postoperative opioid utilization in patients undergoing urologic MIS without compromising pain control. This study demonstrates that instituting a single “opt-in” postoperative pain management protocol with appropriate patient education helped significantly reduce the use of postoperative opioids.