

Opioid Consumption Following Outpatient Plastic Surgery

Stacy R. Henderson, MD; Brittany J. Behar, MD; Brett F. Michelotti, MD; William B. Albright, MD; John D. Potochny, MD

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BACKGROUND: A rise in opioid abuse has led to increases in dependency, overdose, and healthcare resource utilization. Currently, there are no data detailing the need for opioids in post-operative pain management following outpatient Plastic Surgery procedures. The goal of this study was to evaluate patient satisfaction, opioid consumption, and physician prescribing practices following these procedures to provide evidence-based strategies for post-operative pain control.

METHODS: Patients who underwent outpatient Plastic Surgery procedures were identified at their first post-operative visit. Included were all English-speaking patients aged 18 to 90 who underwent elective, outpatient procedures. Those with pre-existing pain disorders were excluded. Patients were asked to complete an electronic survey in which they were queried on overall satisfaction with pain control, highest post-operative pain level, current pain level, number of days requiring opioid pain medication, reason for discontinuing medication, use of non-opioid medication for pain control, adverse effects, number of tablets consumed, and number of tablets remaining. Responses were also stratified by type of procedure performed.

RESULTS: Sixty patients completed the survey. The majority (92%) reported overall satisfaction with pain control. On a scale of 1-10, the average worst post-operative pain score was 6.4. The average pain score at the first post-operative visit was 2.3, with only 25% still taking opioids at that time. Opioids were discontinued in 58.6% of patients because they no longer had pain, in 20.7% because they had mild pain controlled with other analgesics, in 13.8% because they ran out of medication, and in 6.9% because they experienced intolerable side effects. Patients who underwent first-stage tissue expander-based breast reconstruction were prescribed the most opioids, but patients who underwent facial fracture repair consumed the most opioids. Patients who underwent soft tissue excisional procedures were prescribed the least and consumed the least number of tablets. The average number of tablets prescribed was 30, while the average number of tablets consumed was 17.

CONCLUSION: A balance between pain control and responsible prescribing of narcotic pain medications must be achieved. In most cases, pain was well-controlled with high rates of patient satisfaction. On average, patients received nearly twice the amount of pain medications that were used. This study can be used to guide prescribing practices of narcotic analgesics amongst Plastic Surgeons.