

Preoperative Opioid Education

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Structured Abstract

Background

Opioids are powerful analgesics, typically reserved for severe pain, such as intraoperative and postoperative pain. They are a valuable asset in pain control but have significant risk for addiction and abuse. Most patients are not educated on the risks, benefits, and alternatives to opioids and the majority of patients report never having a discussion regarding opioids with any healthcare provider prior to surgery. Often, patients are initially introduced to opioids for surgical and postoperative pain control. Unfortunately, this can lead to opioid abuse and addiction.

A 55-year-old female with right hip pain presented for a total hip arthroplasty. Risks and benefits of anesthesia for informed consent were addressed as usual, but no focused conversation related to postoperative pain control occurred. The patient received opioids intraoperatively as well as a prescription for opioids postoperatively. There was no discussion of the risks and benefits of opioids for pain control, including the risk for addiction and abuse.

Clinical Question

Could preoperative education on the postoperative use of opioids decrease the risk of addiction postoperatively in surgical patients?

Evidence Based Discussion

Since the advent of pain as the fifth vital sign, clinicians have been under increased pressure to aggressively treat their patients' pain. Hospital reimbursement is also tied to pain management via the Hospital Consumer Assessment of Healthcare Providers and Systems survey, part of which asks patients to subjectively rate their pain management. These changes may help solidify the false belief that a patient should not experience any pain. These factors have led to a dramatic increase in opioid prescriptions and have helped fuel the ongoing opioid crisis.

Since patients can be initially introduced to opioids via perioperative pain control, it is important to educate patients on the proper usage of opioids prior to receiving the first dose. Unfortunately, there is evidence that this rarely happens. More often patients receive little to no education regarding the risks, benefits, or alternatives to opioids. This aggressive treatment of pain and lack of education can lead patients to believe that opioids use is completely safe and the risks are minimal.

Translation to Practice

Preoperative opioid education is a simple, cost-effective way to decrease the risk of postoperative opioid addiction. It is currently an under-utilized strategy that has been shown to decrease overall opioid consumption and the risk of addiction, without compromising pain scores. Additionally, among patients receiving preoperative opioid education, increased rates of proper storage and disposal were observed.

An interdisciplinary team of surgeons, CRNAs, pharmacists, and preoperative nurses should be formed to develop a plan for implementation. Current evidence is not conclusive as to which delivery model is the most influential, but success has been reported with various methods, suggesting that content is more important than the method utilized. The education would contain a simple, concise video or a physical handout to refer to later and provide the patient ample opportunity to voice any questions or concerns. It would contain specific instructions on the proper storage, disposal of unused opioids, and the hazards of retaining unsecured, leftover prescription opioids. It would also include exact instructions on opioid consumption, including the risks and dangers of opioid addiction for patients and their family members. Furthermore, it is important to note that most patients have some degree of health illiteracy, and any education should be presented at a level that can easily be understood. Findings should be disseminated to medical council, hospital executives, surgical services division, and other interested parties. Future research should focus on the effectiveness of various delivery and dissemination methods for providing opioid education.

Keywords: preoperative opioid education, pain, addiction

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References

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