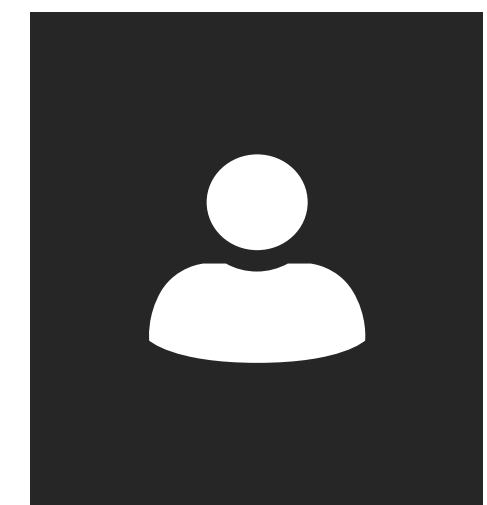


An Evaluation of Opioid Prescribing Patterns in Residents and Attendings in Breast Surgery



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BACKGROUND: Residents are often significant prescribers at teaching facilities and have previously cited “attending preference” as an important influence in opioid prescription practices. This study evaluates resident and faculty preferences in opioid prescribing after breast surgery and compares stated preferences to actual opioids prescribed.

METHODS

1. Surveyed surgical residents, breast attendings, and plastic surgery attendings to assess number of 5mg oxycodone tablets recommended on discharge
2. Retrospectively reviewed opioids prescribed on discharge for opioid-naïve patients undergoing common breast procedures
3. Data analyzed with descriptive statistics

RESULTS

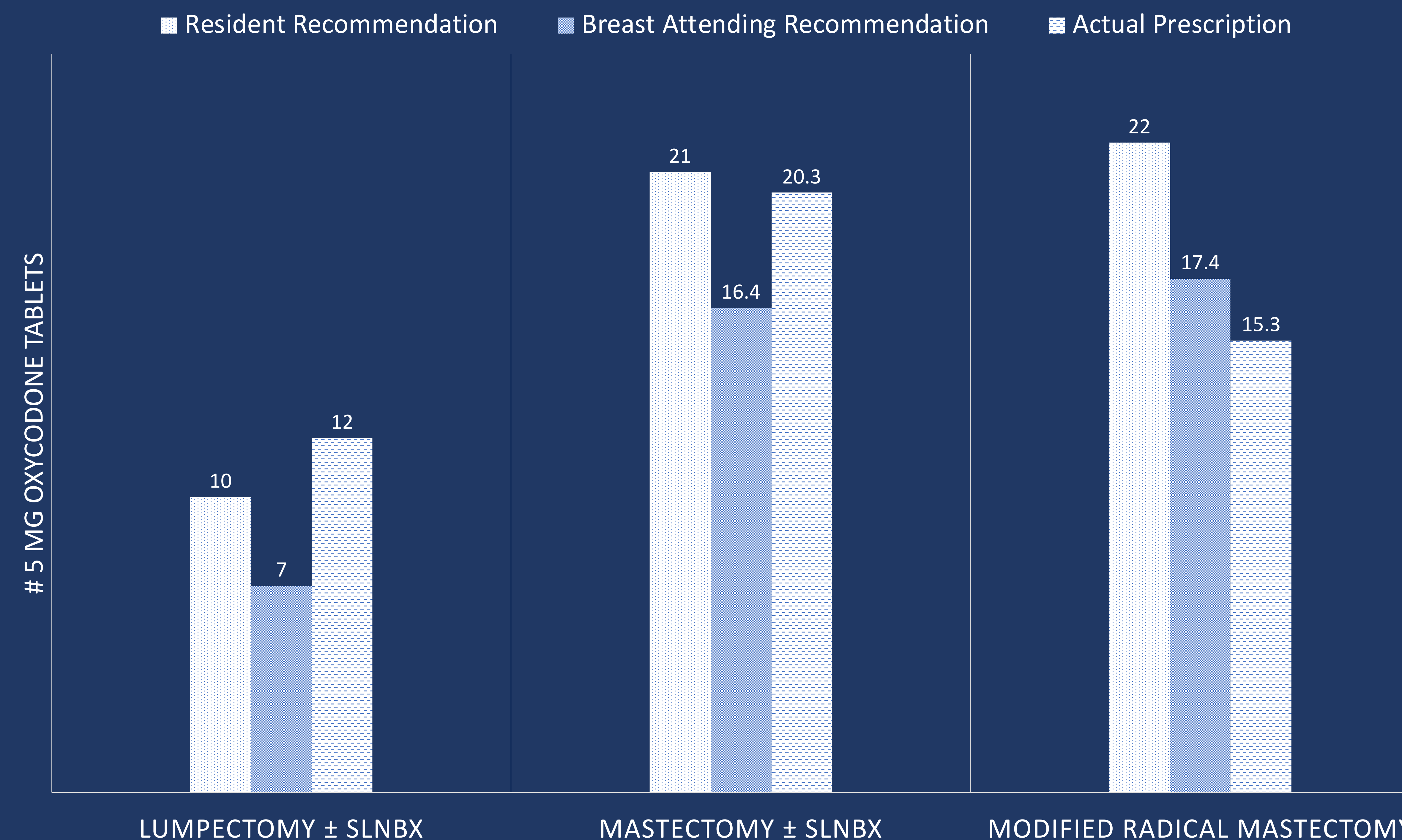
Recommended vs Actual Opioids Prescribed on Discharge

Procedure	Residents (N=56)	Breast Surgery Attendings (N=5)	Plastic Surgery Attendings (N=4)	Actual Discharge Prescription
Lumpectomy ± SLNBx	10 [0-30]	7 [0-15]	N/A	12 [0-50], N=244
Mastectomy ± SLNBx	21 [8-40]	16.4 [10-30]	N/A	20.3 [0-40], N=28
Modified radical mastectomy	22 [10-50]	17.4 [10-30]	N/A	15.3 [0-30], N=13
Mastectomy + TE	N/A	23.8 [10-30]	29.5 [25-35]	26.3 [5-80], N=90
Mastectomy + DIEP flap	N/A	35 [30-50]	38.75 [25-50]	32.8 [20-55], N=13

All results show number of 5mg oxycodone tablets expressed as Mean [Range]. N/A = not assessed. SLNBx = sentinel lymph node biopsy. TE = tissue expander. DIEP: deep inferior epigastric perforator.

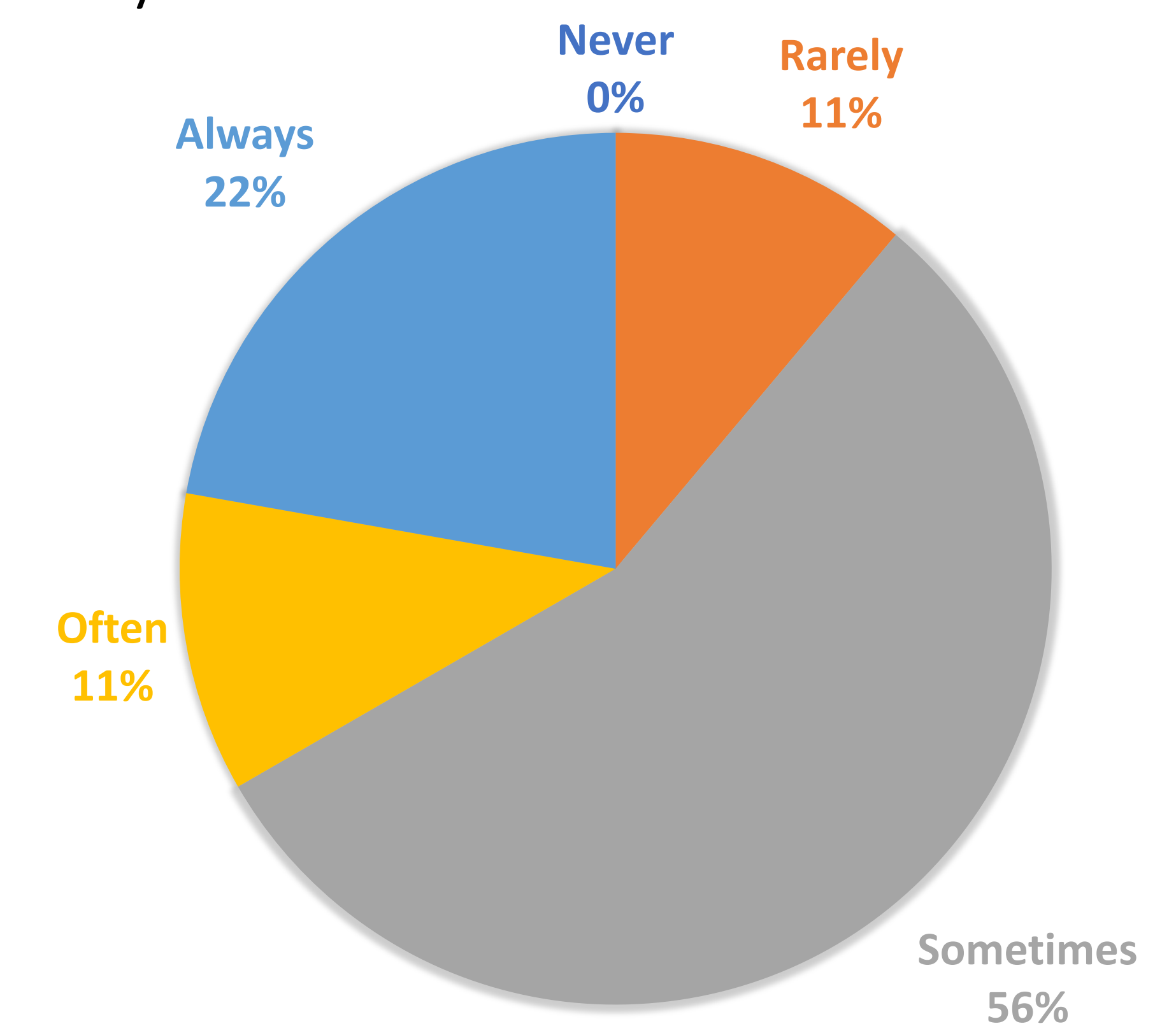
Consistent and *appropriate* opioid prescription requires improved resident education and attending communication.

OPIOID RECOMMENDATIONS BY RESIDENTS AND BREAST ATTENDINGS

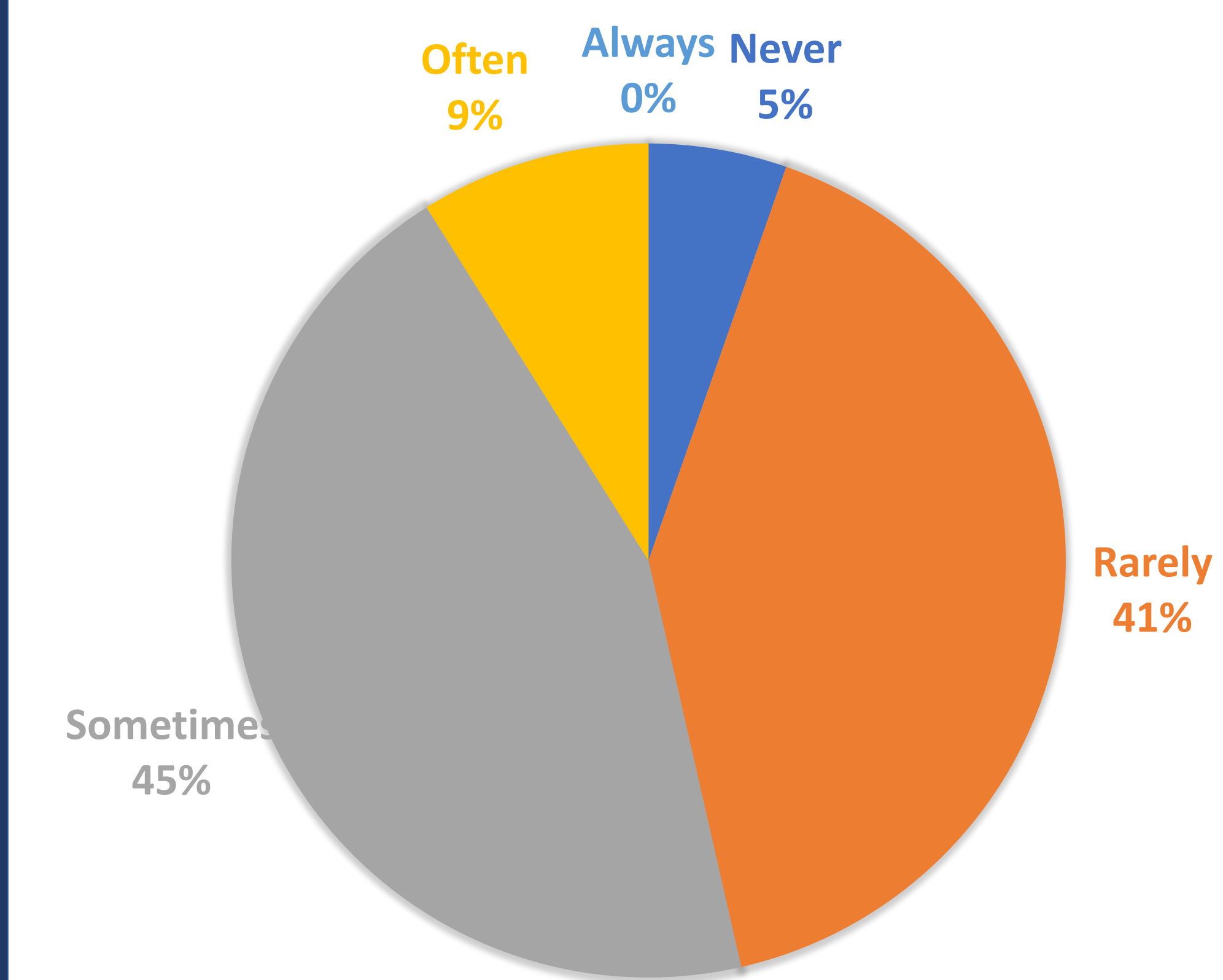


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Attendings: I specify the type and quantity of opioids I would like prescribed on discharge to my resident.



Residents: The attending specifies to me the quantity he or she wants the patient to be prescribed on discharge.



OPIOID RECOMMENDATIONS BY BREAST AND PLASTICS ATTENDINGS

