

Limiting narcotics for breast cancer patients: a prospective study

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BACKGROUND

- The opioid crisis is in part due to poor pain control practices yet great variation exists regarding perioperative pain management for ambulatory procedures.
- A multimodal approach is effective in lowering the narcotic requirement post operatively.
- In an academic practice, we elected to employ a specific patient education protocol and resident education to reduce opioid prescriptions for post operative pain control.

METHODS

- A prospectively maintained database included all ambulatory patients of a single breast surgeon from August 2017 to July 2018.
- Patients underwent ambulatory breast surgical procedures under conscious sedation and were educated beforehand, prescribed 0-15 narcotic tablets based on their surgery, and given preemptive local anesthesia.
- All residents involved were educated on the protocol and patients were followed closely with telephone interviews and office visits to determine if their pain was controlled.

RESULTS

- 157 patients participated in this study.
- The average age was 50.7 +/- 19.6 years (mean +/- SD)
- The majority underwent unilateral lumpectomy without sentinel lymph node biopsy (SLNB).
- On postoperative day one, of the 89 (57.4%) of patients who responded, 77 patients (86.5%) reported minimal or no pain.
- 39 patients (24.8%) received no narcotics.
- No patients called the office or presented to the emergency department for additional narcotics.

Procedure Type	Number of Patients (%)	Average # tablets prescribed
Unilateral lumpectomy	96 (61.1%)	4.7 +/- 4.2
Unilateral lumpectomy with SLNB	46 (29.3%)	7.3 +/- 4.8
Bilateral lumpectomy	4 (2.5%)	5 +/- 5.8
Bilateral lumpectomy with SLNB	3 (1.9%)	13.3 +/- 2.9
Other	8 (5.1%)	6.9 +/- 2.6
p value		0.005

CONCLUSION

- Postoperative pain control can be optimized with a combination of preoperative patient education, resident instruction on the use of a pain control regimen, and limited narcotic prescriptions.
- Resident instruction is key as they are the primary prescribers at an academic institution.
- The current study demonstrates that with this protocol, ambulatory breast surgery patients can be effectively managed with limited opioids which may reduce over prescription of narcotic medications.

REFERENCES

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