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.

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