Reducing Narcotic Prescriptions in Breast Surgery: A Prospective Analysis

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Surgery Narcotics Contribute to the Opioid Epidemic

- A large number of narcotic pills prescribed for postoperative pain may not be used or used inappropriately.

- Studies suggest surgeons overestimate the amount of narcotics needed for adequate pain control.

National Drug Overdose Deaths Involving Any Opioid, Number Among All Ages, by Gender, 1999-2017

Centers for Disease Control and Prevention, National Center for Health Statistics
Study Aims:
Identify Breast Surgery Narcotic Prescribing Guidelines

1. Evaluate baseline breast surgery postoperative narcotic prescribing practices and *implement a planned change*

2. Evaluate the effectiveness of a departmental change in prescribing practices

3. Prospectively collect patient reported narcotic usage
Baseline Median Number of Narcotic Pills Prescribed

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Median # of Narcotic Pills</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excisional Biopsy or Lumpectomy</td>
<td>15</td>
<td>0-30</td>
</tr>
<tr>
<td>Mastectomy</td>
<td>20</td>
<td>0-40</td>
</tr>
<tr>
<td>Mastectomy with Reconstruction</td>
<td>28</td>
<td>20-40</td>
</tr>
</tbody>
</table>

Prescribed Before Change
Departmental Change

Median number of narcotic pills was used to guide a planned departmental change

- Excisional Bx Lumpectomy: 10 pills
- Mastectomy: 20 pills
- Mastectomy w/ Reconstruction: 25 pills
Change in Prescribing Practice

- Excisional Biopsy or Lumpectomy: Before Change - 15, After Change - 10
  - *p<0.01
- Mastectomy: Before Change - 20, After Change - 20
  - *p=0.21
- Mastectomy with Reconstruction: Before Change - 28, After Change - 25
  - *p<0.01

Legend:
- Blue: Prescribed Before Change
- Red: Prescribed After Change
Patient Reported Usage

Median # of Narcotic Pills

- **Excisional Biopsy or Lumpectomy**
  - Prescribed Before Change: 15
  - Prescribed After Change: 10
  - Taken by pts: 1

- **Mastectomy**
  - Prescribed Before Change: 20
  - Prescribed After Change: 20
  - Taken by pts: 3

- **Mastectomy with Reconstruction**
  - Prescribed Before Change: 28
  - Prescribed After Change: 25
  - Taken by pts: 18

*p<0.01
Many Patients Require No Postop Narcotics

- **40%** of patients overall reported using **ZERO** narcotics after their operations.
Conclusion

1. Reducing the number of post-operative narcotic pills in breast surgery patients prescribed is feasible.

2. Further reductions may be possible based on our patient reported consumption patterns.

3. There is a subset of breast surgery patients who use zero narcotic prescriptions at discharge.
Further Direction for Opiate Reduction

1) Evaluate the impact of type and amount of local anesthetic given and amount of narcotics used postoperatively

2) Identify patient factors that contribute to low narcotic usage postoperatively

3) Maximize the benefit of adding a formal ERAS protocol to further reduce patients needs for as many narcotic pills
Cleveland Clinic

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