

Reducing Narcotic Prescriptions in Breast Surgery: A Prospective Analysis

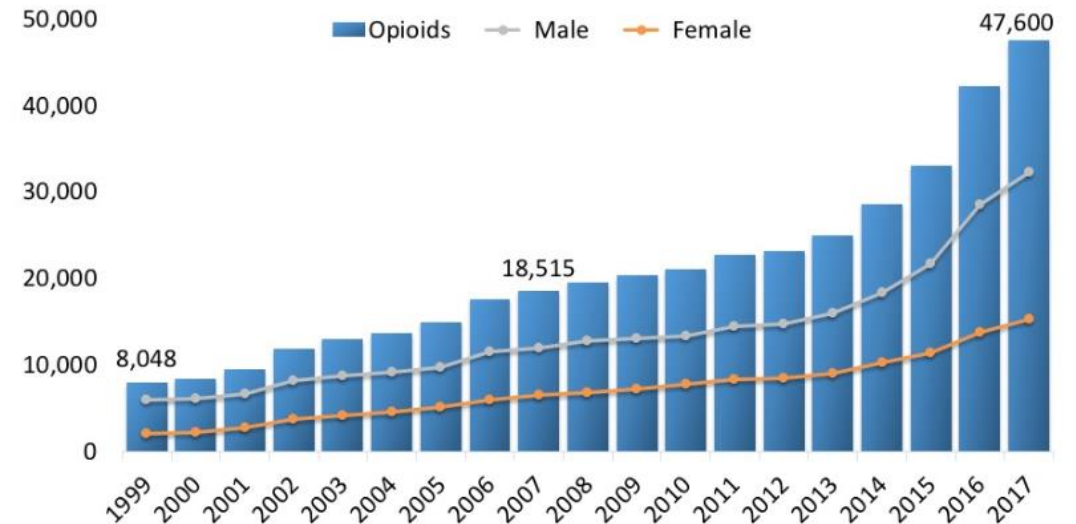
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Surgery Narcotics Contribute to the Opioid Epidemic


- 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

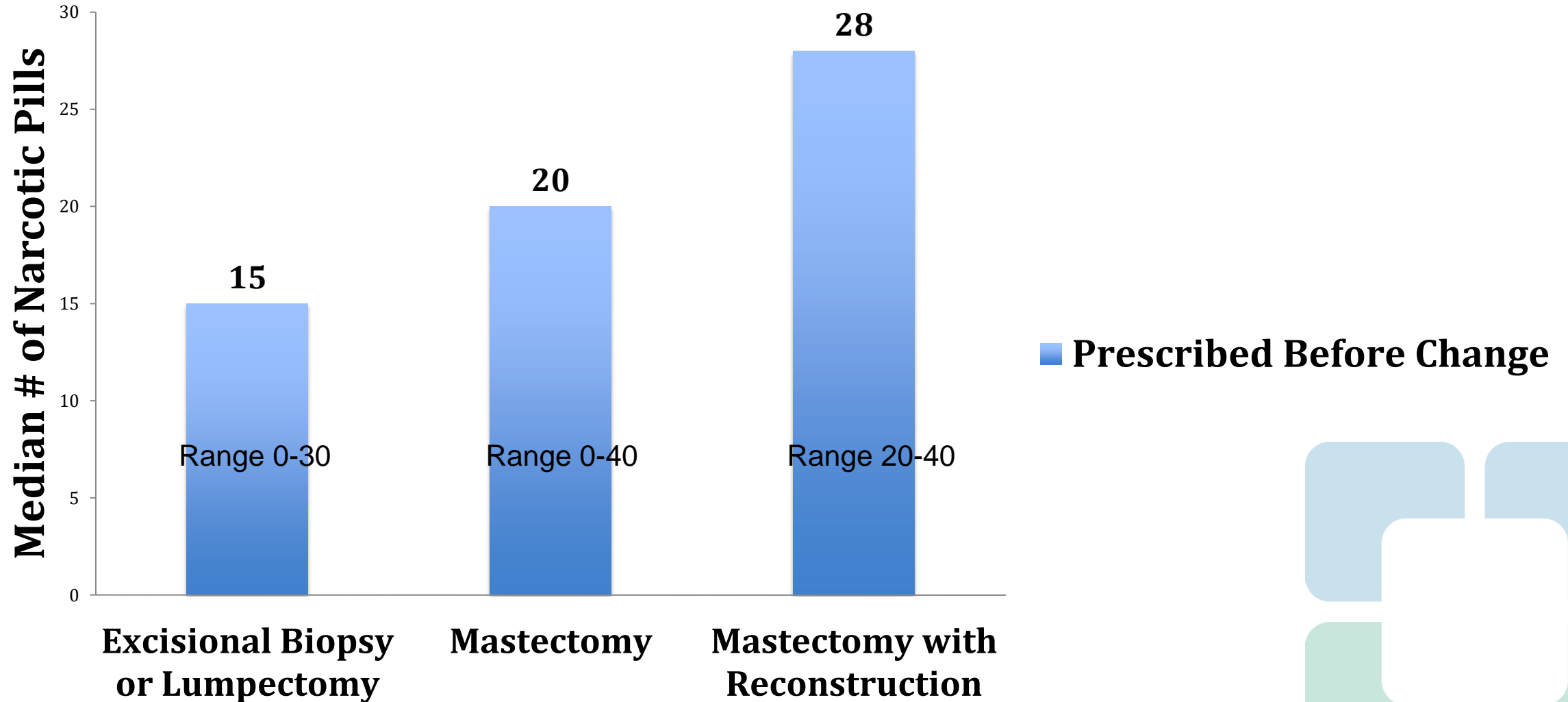


Study Aims:

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
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Baseline Median Number of Narcotic Pills Prescribed



Departmental Change

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

Excisional Bx
Lumpectomy

10 pills

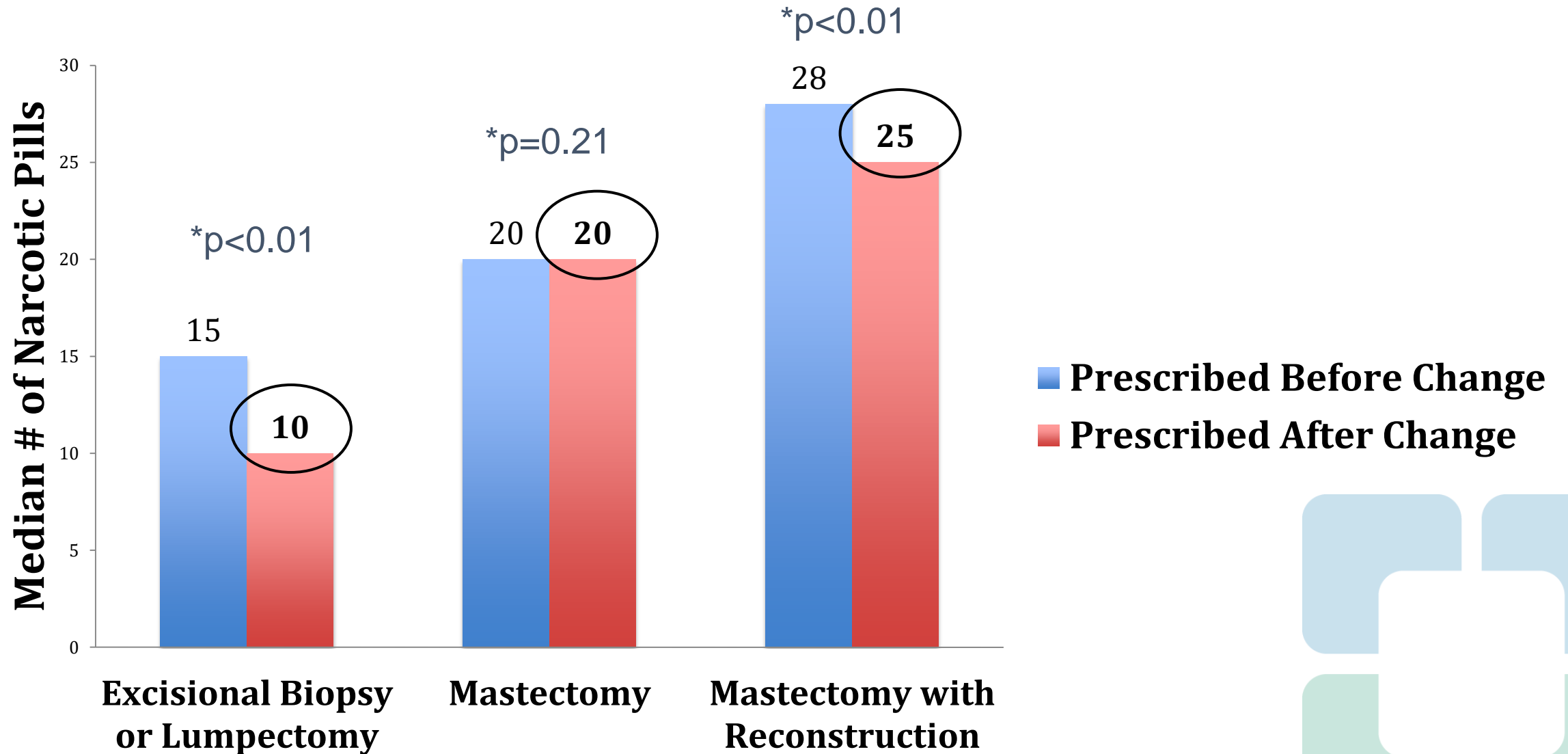
Mastectomy

20 pills

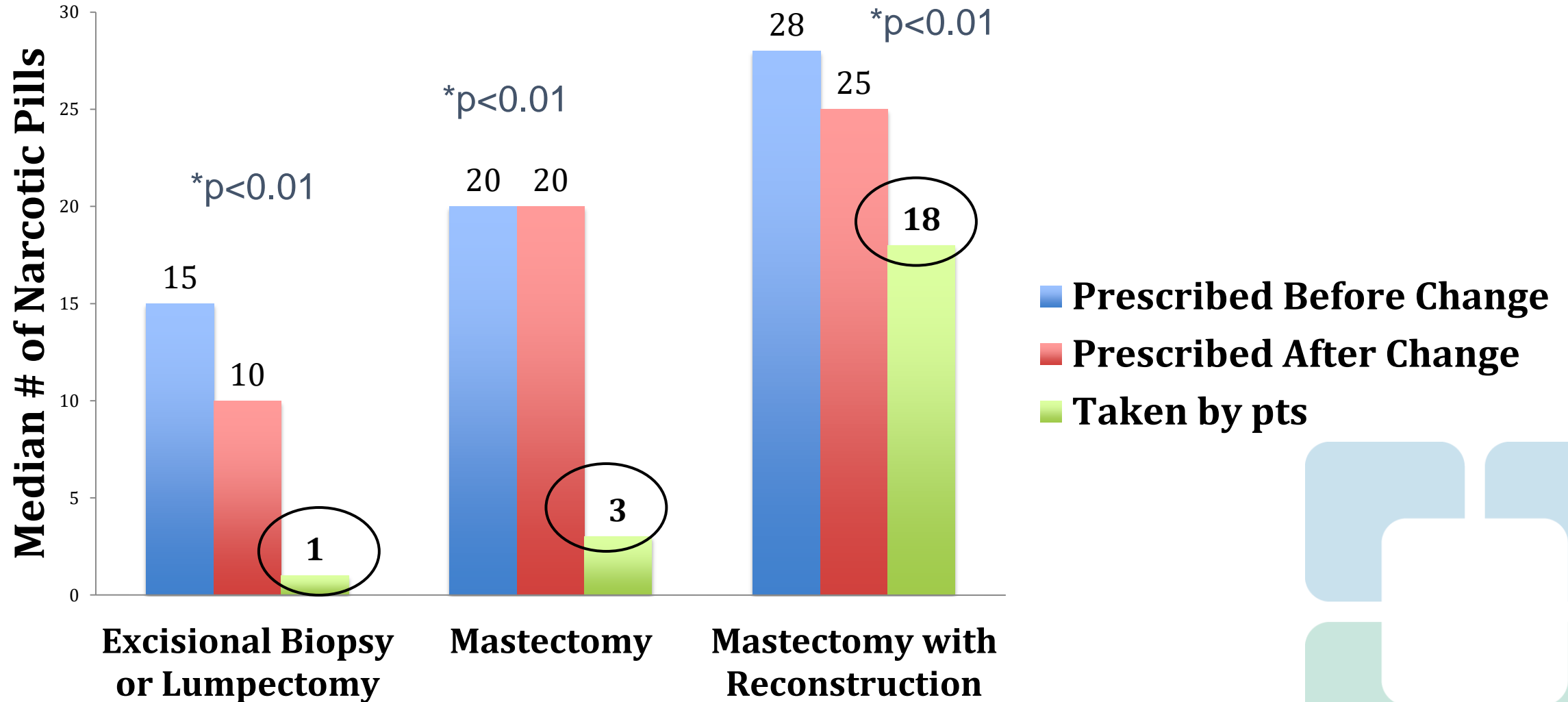
Mastectomy w/
Reconstruction

25 pills

Change in Prescribing Practice

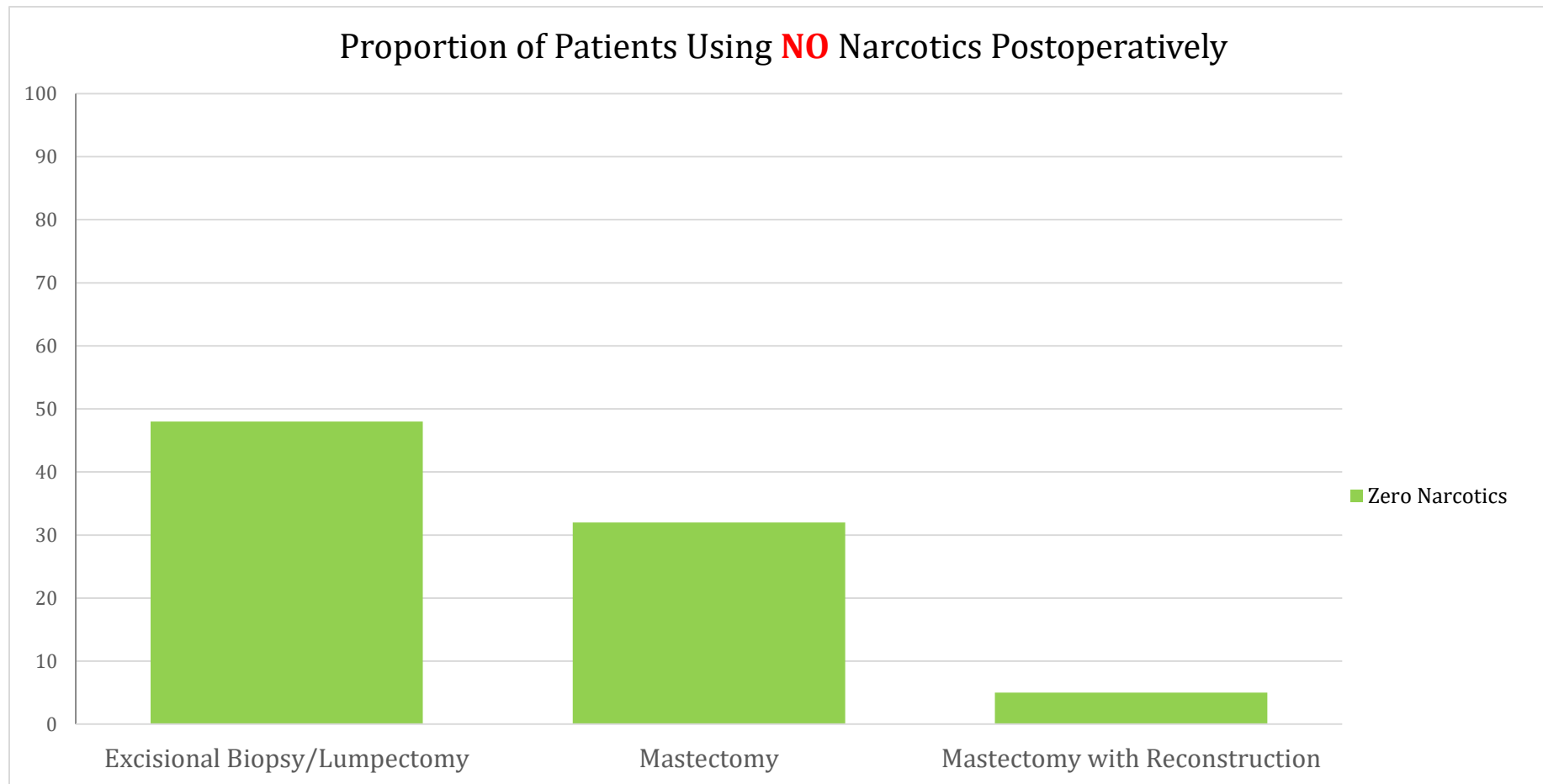


Patient Reported Usage



Many Patients Require No Postop Narcotics

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



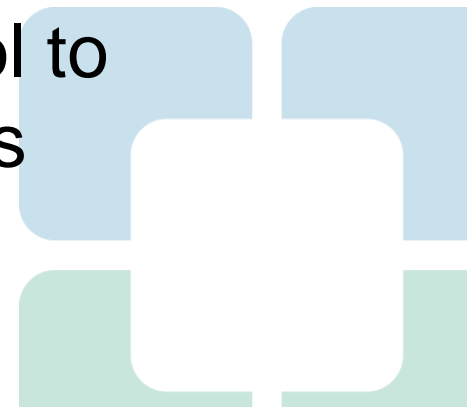
Conclusion

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





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