

The Opioid Epidemic, and how we are leading the fight.

Over the past 20 years, the United States has entered an epidemic of abuse, misuse, and diversion (taking someone else's medicine) of prescription opioids. Our country consumes 80% of the world's prescription opioids despite comprising <5% of its population. Two of three drug overdose deaths involve an opioid, and opioid overdoses killed more than 47,000 people in 2017 which was more than deaths from motor vehicle crashes.

Pain is commonly associated with orthopaedic diagnoses, and we as orthopaedic surgeons prescribe the fourth-most prescription opioids of any specialty. In one alarming study of opioid-naive patients (those not on chronic opioids at baseline) undergoing minor or major surgery, 6% continued to use opioids past 90 days after surgery. In a separate concerning study, if patients take prescription opioids beyond 12 weeks, 50% will still be taking them 5 years later.

Along with federal and state guidelines and laws to minimize patient risk, we must play a critical role in helping to lead the way out of this crisis to optimize our patients' outcomes and safeguard them against the havoc and death chronic use of opioids can cause. Not all injuries or surgeries require opioid pain medication as there are many other treatments to keep our patients comfortable while avoiding a poor outcome and dependence and addiction. If opioids are required, we must strive to keep prescriptions at low doses and of short duration. Please refer to the attached Pain Medication Policy put forth by our department as we continue and try to optimize the quality of care we are honored to provide in this community.

¹Centers for Disease Control and Prevention. Understanding the epidemic. 2016.

<https://www.cdc.gov/drugoverdose/epidemic/>. Accessed 2016 Dec 16.

²Manchikanti L, Singh A. Therapeutic opioids: a ten-year perspective on the complexities and complications of the escalating use, abuse, and nonmedical use of opioids. *Pain Physician*. 2008 Mar; 11(2)(Suppl):S63-88.

³Hedegaard H, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999–2017. NCHS Data Brief, no 329. Hyattsville, MD: National Center for Health Statistics. 2018.

⁴Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. Drug and Opioid-Involved Overdose Deaths – United States, 2013–2017. *Morb Mortal Wkly Rep*. ePub: 21 December 2018.

⁵Yolkow ND, McLellan TA, Cotto JH, Karithanom M, Weiss SR. Characteristics of opioid prescriptions in 2009. *JAMA*. 2011 Apr 6; 305(13): 1299-301.

⁶Brummett CM, Waljee JF, Goesling J, Moser S, Lin P, Englesbe M, Bohnert ASB, Kheterpal S, Nallamotheu BK. New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults. *JAMA Surgery*. 2017 Jun 21; 152(6):e170504. doi:10.1001/jamasurg.2017.0504. Epub 2017 Jun 21.

⁷Martin BC, Fan MY, Edlund MJ, Devries A, Braden JB, Sullivan MD. Long-term chronic opioid therapy discontinuation rates from the TROUP study. *J Gen Intern Med*. 2011 Dec; 26(12):1450-7. Epub 2011 Jul 13.

Orthopaedic Surgery Opioid Pain Medication Policy

We strive to provide outstanding care for your injuries and conditions. Our goal is to develop a treatment plan that is specific to you while keeping the safety of you and your family foremost in our minds.

With or without surgery, pain is often a part of the normal healing process of an orthopaedic injury or condition. With a variety of methods, we make every effort to keep you as comfortable as possible during your recovery. Some injuries and their treatment require opioid pain medication (also known as narcotics) which requires a prescription from a physician.

These opioid medications have many side effects including constipation, depression, falls, and hyperalgesia (increased sensitivity or a lower threshold for pain). Prolonged and/or increased use can lead to **addiction** and overdose which can ruin lives and even lead to death. Federal and State guidelines and laws for opioid pain medication mandate low doses and short prescriptions to minimize these risks for our patients.

Medical evidence and decades of experience have been used to develop this policy to effectively and safely manage your pain on an inpatient and outpatient basis:

- Use of opioids prior to orthopedic injury or surgery may NOT allow the patient to experience effective pain control. Prescribing higher doses of opioids will NOT lead to better pain control but rather can lead to serious adverse events. Research has shown weaning off of opioids prior to surgery when time allows results in outcomes similar to someone who has never taken opioids.
- Pain is best managed with a multimodal strategy. An injury (and possibly surgery) does not imply needing prescription pain medication. Expectations and a pain plan should be devised with your orthopaedist and perhaps anesthesiologist early on.
- Non-opioid modalities including regional anesthesia (i.e. nerve blocks) and non-prescription (over-the-counter) medications like acetaminophen (Tylenol) and non-steroidal anti-inflammatories also known as NSAID's (i.e. ibuprofen/Advil/Motrin or naproxen/Aleve) can be very effective instead of opioids or when weaning off opioids. For high-risk fractures in unhealthy patients though, NSAID's can slow healing, so we sometimes limit their use early on.
- During an inpatient stay after a major injury and possibly surgery, we typically provide a short-course of intravenous opioid pain medication (sometimes with a patient-controlled pump) that is transitioned to by-mouth medication before leaving the hospital to ensure its tolerance and effectiveness. Upon discharge, we often provide an appropriate course of this same by-mouth medication. If you have outpatient surgery or are seen in our Emergency Room or office after a major injury, we may provide a short course of by-mouth opioid pain medication.
- Overall, we will provide opioid pain medication for a maximum of 6 weeks following surgery (or a major injury treated without surgery) if in our careful judgment your recovery is going well. During this period, we will help you comfortably step down your dose each week. For other surgeries or injuries, you may be provided with a single prescription. By newly-enacted South Carolina Law, opioid prescriptions can now only be given 5 days at a time (Executive Order 2017-42 and 43). We will be able to refill the prescription if needed, but this may require a separate visit to the office.
- Prescription pain medications will be provided with instructions about the dosage, when to take a dose and how often, and the quantity of pills. It is mandatory to strictly follow these instructions to minimize side effects and avoid running out early.



- Per SC Law every opioid prescription will accompany a search in the PMP AWARxE database (<http://www.scdhec.gov/Health/FHPF/DrugControlRegisterVerify/PrescriptionMonitoring/>) by the physician to review all opioid prescriptions filled for the patient.
- Replacements will not be given if the original prescription is lost or stolen.
- We are unable to provide refills or new prescriptions for pain medication before or after normal office hours or on weekends. Please allow at least 24 hours to process refill requests with our office during the week. Certain prescription pain medication orders/refills must be picked up in-person.
- Patients should NEVER: 1.) Operate machinery or vehicles while taking opioids. 2.) Consume ANY alcohol while taking opioids. 3.) Take any non-prescribed sedative or other opioid medications while taking prescribed opioids.
- Do confirm with your physician that any prescribed opioids are safe to take with other prescribed relief agents including muscle relaxants and benzodiazepines.
- When opioids are no longer needed for the reason they were prescribed, they should be disposed of in a safe manner and should NOT be stored for future use. Further information can be found at <http://www.scdhec.gov/library/ML-025410.pdf>.
- Federal and State guidelines have strict prescribing and documentation requirements for the long term administration of opioids for pain management. For some of our patients, opioid requirements may go beyond what our Team can provide. This may then require referral to a physician practice designed to handle those strict Federal and State guidelines. Particularly on an outpatient basis though, we do reserve the right to refuse a referral to such a physician practice. In this case, any such referral would need to be through your primary care physician.

We are honored to participate in the care of you and your family. Without question we are in the midst of an opioid-abuse epidemic in this country, and we as physicians play a big role in safeguarding our patients and the society in which they live and contribute.

We hope this document, discussions with our Team, and our other resources help guide you comfortably on your road to recovery.

Thank you,

Your Prisma Health Orthopaedic Team