

Introduction

One of the many benefits of initiating an ERAS protocol for colorectal surgery patients is the decreased use of opioids used to treat acute pain postoperatively.

The use of ERAS is an opportunity to help mitigate the current opioid epidemic that our society faces by utilizing a multimodal analgesic approach.

For purposes of this study, the analgesics of interest in the ERAS protocol are:

- Lidocaine drip x 24h
- Gabapentin q8h x 9 doses
- Acetaminophen q6h x 12 doses

Objective

To assess how effective ERAS is in reducing patient need for opioids postoperatively through the use of preemptive and multimodal analgesia with systemic lidocaine and other non-opioid analgesics

Methods

A retrospective case series of 28 patients admitted for colorectal surgery between 01/01/2019 and 12/31/19, with length of stay greater than 1 day, where the ERAS protocol was utilized. Charts were reviewed to determine opioid prescribing patterns both while inpatient and upon discharge including opioid type and quantity.

Results

N	Received opioid inpatient	Discharged with opioid Rx
28	14	21

Opioids received while inpatient

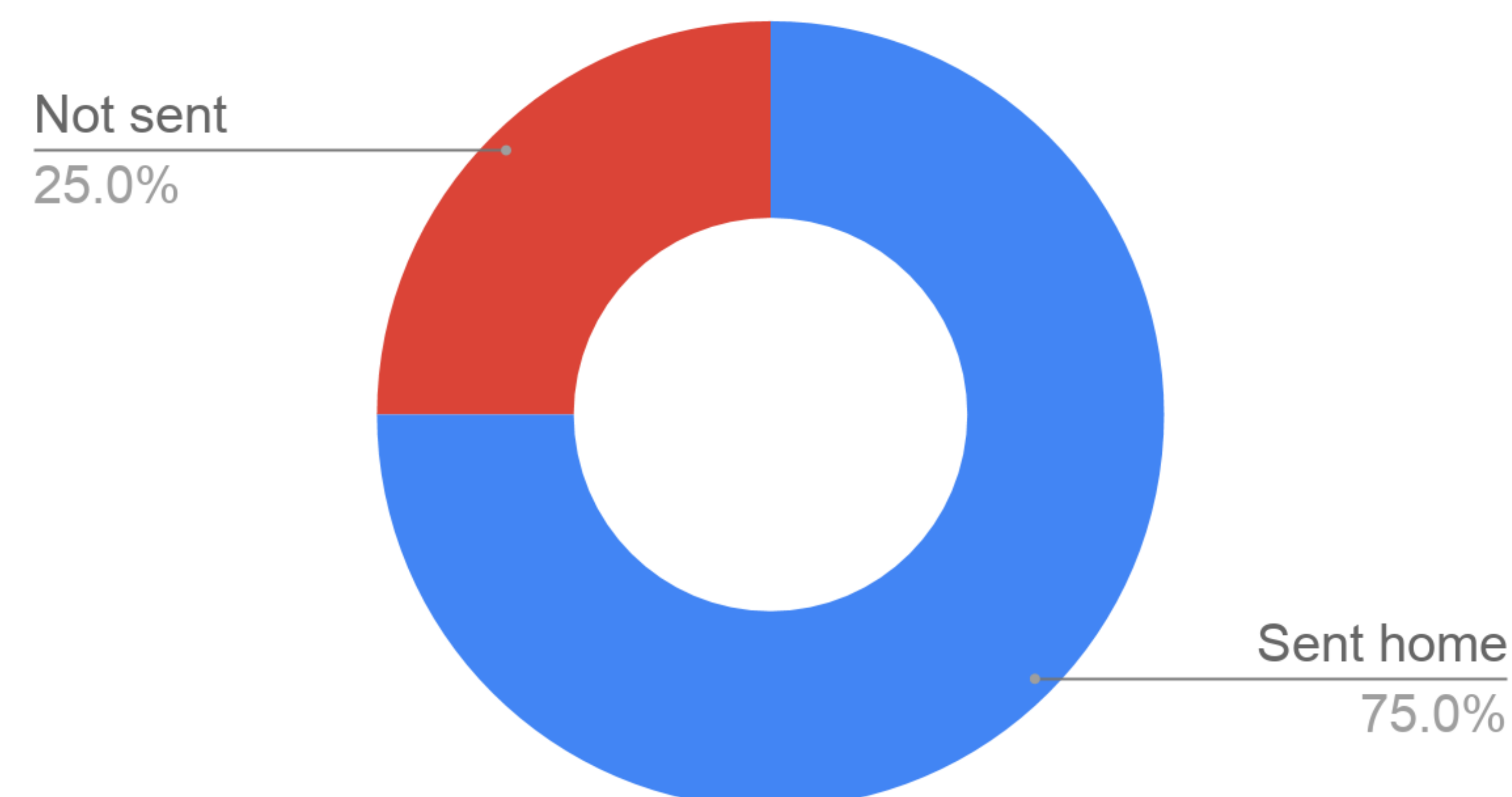
Tramadol	10
Oxycodone IR	4

Opioid prescription upon discharge

Tramadol	12
Hydrocodone/APAP	8
Oxycodone IR	1

Results continued

Percentage of patient discharged with opioid prescriptions



Discussion

Our chart review demonstrates a larger proportion of patients in which the ERAS protocol was followed received weaker opioid medications. Based upon these results, it is clear that ERAS does provide some benefit in decreasing the need to prescribe opioids. Although 14 of patients received opioids, only 4 received Oxycodone IR with the remaining 10 receiving Tramadol, a weaker opioid. The doses ordered were few and of low strength. It is also important to note that although some opioids were ordered, most were never administered.

While future controlled studies are needed to determine if the ERAS protocol decreases inpatient opioid use, our chart review shows that even patients who did not require opioids inpatient were discharged with them. Perhaps a different intervention may be necessary to decrease opioid prescribing upon discharge.

Future directions

Treatment of acute post-operative pain without the use of opioid medications is a major challenge facing society today; one in which the inclusion of pharmacy is integral to the success of the program. This success can also extend to pharmacy's input regarding the unlikely need for prescription opioids upon discharge.

In the future, pharmacist review of discharge prescriptions can be a vital check point prior to discharge with unnecessary opioids. It will be in our best interest to further compare patients who received ERAS against patients who did not. These future studies will help the initiative to continue decreasing prescribing of unnecessary opioids upon discharge.

References

1. Prescription Opioid Data [Internet] 2019 [cited 27 Dec 2019]. Available from: <https://www.cdc.gov/drugoverdose/data/prescribing.html>
2. Helander EM, et al., A Comparison of Multimodal Analgesic Approaches in Institutional Enhanced Recovery After Surgery Protocols for Colorectal Surgery: Pharmacological Agents. J Laparoendosc Adv Surg Tech A. 09 Nov 2017; 27(9): 903-908

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