

CONTRIBUTORS OPINION

Opioids are not the solution to all post-surgical pain

By **Duncan Rozario** Opinion

Mon., Aug. 5, 2019 timer 2 min. read



With the opioid crisis affecting the life expectancy of Canadians, as Statistics Canada has reported for 2017, we all need to take notice and assess our individual responsibilities.

According to Health Quality Ontario, surgeons account for 56 per cent of new starts of opioids in Ontario on an annual basis. Could we be contributing to suboptimal pain control, chronic pain, dependency or diversion of narcotics? Do we even need to use opioids for the control of pain after many surgical procedures?

It was reported in the Guardian last month that companies in the U.S. produced and sold 75 billion opioid pills in the years 2006 to 2012. Are there better ways of managing post-operative pain?

Physicians in the field of anesthesia who study pain control have demonstrated that combinations of medications, such as acetaminophen (such as Tylenol) and NSAIDs (Aspirin-like drugs), can result in better pain control than opioids.

Pre-emptive analgesia involves giving these and other medications before surgery to block the transmission of pain. We have long-acting injectable local anesthetics that can provide up to 15 hours of pain control after surgery and we use these almost universally now.

Multi-modal pain control after surgery involves giving a set regimen of three oral medications where appropriate: acetaminophen, an NSAID and a small number of tablets of a low-dose opioid to be used only if needed. The acetaminophen and NSAID are taken straight for 48 hours whether or not patients are having pain, and are used as needed after that. Some of these medications may not be appropriate for all patients.

What happens when you combine patient education, pre-emptive analgesia, long-acting injectable local anesthetic and multi-modal post-operative pain control? We have gone from prescribing 30 tablets of an opioid for all same-day surgery operations to 10 tablets, and are asking patients to fill that only if needed.

In my audit of the past six months of my same-day surgery patients (hernia repair, gallbladder surgery and breast surgery), 80 per cent of patients have used no opioids and less than 5 per cent have required more than 10 tablets.

Given the collective responsibility we all bear in the current opioid crisis, we all need to use these medications with the proper indication, using the best evidence available.

In our institution, we have demonstrated that a collaborative approach between anesthesia and surgery can advance the art and science of pain control, and help address a complex and pressing issue in our society.

Duncan Rozario is the chief of surgery at Oakville Trafalgar Memorial Hospital, the medical director at Oakville Virtual Care Program and an assistant clinical professor (adjunct) at the Department of Surgery, McMaster University.

<https://www.thestar.com/opinion/contributors/2019/08/05/opioids-are-not-the-solution-to-all-post-surgical-pain.html>