

## Towards Opioid-Free Elective Spine Surgery: A Surgeon's Experience With Nearly 100 Consecutive Patients

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### Introduction

Prescription opioid use has become an epidemic, forcing the Department of Health and Human Services to declare a public health emergency. We review 98 consecutive spine surgeries by a single surgeon to demonstrate the feasibility of reducing opioid use through all phases of care.

### Methods

Every consecutive elective spine surgery performed by a single surgeon between January and June of this year was included in this study. A protocol was established to counsel and wean patients off opioids before surgery. Dose, frequency, and duration of opioid use was tracked in the following phases of care: prior to surgery, in the holding area, intra-operatively, on the wards, and post-discharge. Pain scores were obtained at time of discharge and at one-week and one-month follow-up visits. Emergency room (ER) visits, hospital readmissions, and post-discharge opioid use were also tracked.

### Results

A total of 98 patients were included in this study. Surgeries included ACDFs, posterior cervical fusions, lumbar decompressions, and lumbar fusions. 48.0% of patients took no opioids one month before surgery. 99.0% received no opioids prior to induction, and 68.4% received one or fewer in the OR. 35.7% received no opioids and 34.7% received only one opioid post-operatively. 76.5% received no opioid prescriptions at discharge, and 82.7% were not prescribed any by an outside provider within a month of surgery. Average pain scores were 3.2 at time of discharge, 2.9 at one-week follow-up, and 2.3 at one-month follow-up. Two patients (2.0%) came to the ER and one (1.0%) was readmitted within 30 days for pain-related issues. 88.8% of patients were taking no opioids one month after surgery.

### Conclusions

Moving towards opioid-free elective spine surgery is feasible, based on a single surgeon's experience with nearly 100 patients. Pain scores and adverse event rates were favorable, and nearly 90% of patients were opioid-free one month after surgery.

### Learning Objectives

By the conclusion of this session, participants should be able to: 1) Understand the seriousness of the opioid epidemic ; 2) Appreciate the importance of reducing perioperative opioid use for spine surgery; and 3) Compare post-operative outcomes for patients undergoing opioid-free spine surgery and those undergoing current standard of care.

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