Abstract Title: Three-year Reduction in Post-Surgery Opioid Prescribing for US Military Veterans at a Single VA Medical Center

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Background/Introduction: Opioids are a mainstay analgesic strategy after surgical procedures. Postoperative opioid prescribing has been associated with a percentage of opioid naïve patients taking opioids more than 3 months after the surgical intervention, called opioid persistence. This project seeks to understand recent changes in discharge opioid prescribing for surgical procedures at the CJ. Zablocki Veterans Affairs Medical Center (VAMC).

Methods: Patient inclusion criteria necessitated patients to be, opioid naïve up to 30 days prior to elective surgery, undergoing an included surgery type in 2017-2018 or 2020 at the Clement J. Zablocki VAMC, and prescribed opioids on discharge. Patient demographics and medications were collected from the VA medical record system, CPRS. Major and minor surgery followed published guidelines. Residency program directors and late-stage residents were surveyed via email about new opioid education initiatives.

Results: Opioid prescribing after surgery, summarized as morphine equivalents (MME) decreased significantly between 2017/2018 and 2020. The average decrease in size of an opioid prescription was 114 MMEs or 51.1%. Survey results from residency program directors and current residents indicates the implementation of the PDMP, increased opioid education in residency curriculum, and increased patient awareness may have contributed to this favorable trend.

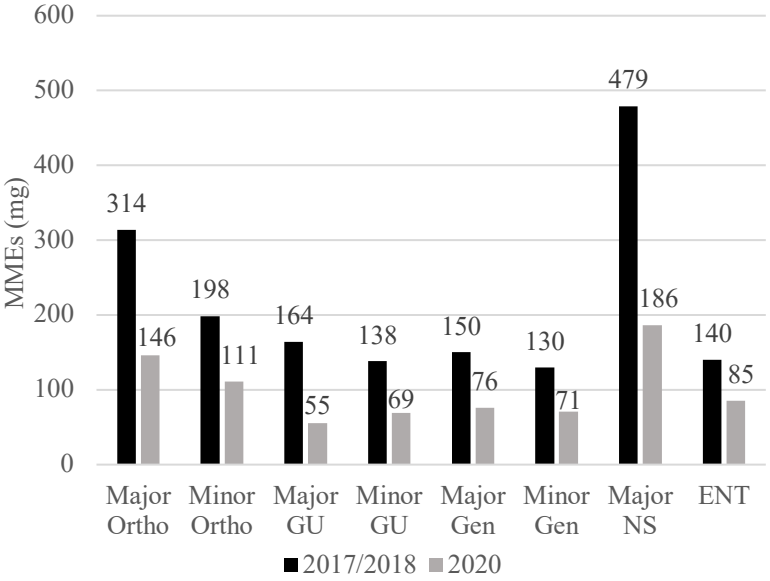

Figure 1. Average milligram morphine equivalents (MMEs) prescribed on discharge grouped by surgery type comparing 2017/2018 and 2020. There is a statistically significant difference between MMEs on discharge in 2017/2018 and 2020 for all surgery types.

Conclusion: Opioid naïve veterans undergoing elective surgery at the Milwaukee VAMC were prescribed significantly lesser amounts of opioids after both major and minor surgery across all subspecialties evaluated. The decrease in prescription size can be attributed to increased opioid education in residency curriculum, increased patient awareness, and the implementation of the PDMP. Other factors may be the growth in nonopioid analgesic approaches to post-operative pain.