


We Should NEVER Use Narcotics In Outpatient Surgery (Pro)

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2022 SAMBA ANNUAL MEETING • MAY 11 – 14, 2022

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Disclosure

I have no actual or potential conflict of interest in relation to this program/presentation.

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Learning Objectives

- Understand the impact of the opioid epidemic on healthcare and anesthesia practice.
- Understand the benefits of opioid free anesthesia (OFA) in all phases of outpatient care.
- Understand how OFA with multimodal techniques, enhanced recovery pathways, and regional anesthesia are key tools as we work towards optimal opioid stewardship and the ideal of effective analgesia without undesirable sequelae.

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Ambulatory Surgery Issues

- Surgicenter @ 10th street & McDowell Road Phoenix, Arizona, in 1970 (Banner Health).
- 35+ million annual cases and counting.
- Nausea and vomiting is the most frequent cause of hospital admission after ambulatory surgery.
- It can be so debilitating that some patients have rated it more seriously than postoperative pain.
- Studies have identified risk factors such as perioperative opioid utilization as a strong contributing factor for both prolonged PACU (Chung et al.) and unexpected admission (Fortier et al).


Muhammad E. Carter D, Ruden V, Sandhu A. Association between intra-operative fentanyl dosing and postoperative nausea/vomiting and pain: A prospective cohort study. Eur J Anaesthesiol. 2019 Nov;36(11):979-985. doi: 10.1093/eajna/knab001. PMID: 31527973.
 Fortier J, Chung F, Bui J. Unanticipated admission after ambulatory surgery — a prospective study. Can Anaesth 45, 637 (1998). <https://doi.org/10.1007/BF03015395>
 Chung F, Meiri S. Factors contributing to a prolonged stay after ambulatory surgery. Anesth Analg. 1998 Oct;86(5):1352-5. doi: 10.1097/00000539-199810000-00015.

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Why This Matters To Us?




What You Should Know

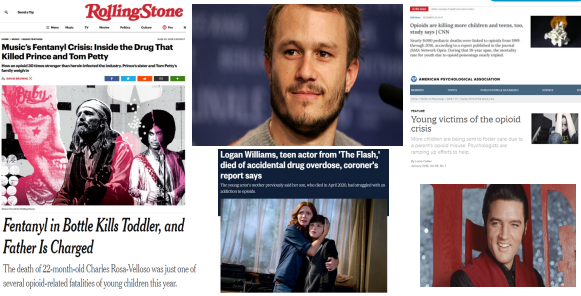
- ASA educates members of Congress and federal agencies about the role physician anesthesiologists play in addressing the opioid crisis, especially regarding prevention of opioid misuse, abuse and addiction.
- ASA engages in activities that rely on and demonstrate that opioid-sparing techniques used by anesthesiologists—regional anesthesia and analgesia with a multimodal approach—are key in reducing opioids during and following surgery.
- Advocacy efforts continue to focus on increasing patient access to multimodal and multidisciplinary pain management, as well as insurance coverage of non-opioid therapies; enhancing physician education, including safe and effective opioid prescribing; encouraging safe storage and disposal of opioid medications; and increased research on pain and non-opioid alternatives.

<https://www.asahq.org/advocacy-for-outpatient-care>

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Summary

- Main goal in outpatient perioperative medicine is to enhance recovery, reduce complications, and improve outcomes.
- Intraoperative use of opioids contributes to numerous PACU complications, documented post-operative pain, and persistent opioid use.
- Multidisciplinary and multifaceted approaches will increase patient pain satisfaction scores while also addressing the problem of the prescription opioid epidemic.
- Ensure opioid-naïve patients remain opioid-naïve while having adequate pain control throughout their recovery.

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