

PBLD Set 1: Patients on Chronic Methadone, Buprenorphine or Naltrexone in the ASC Setting

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2:45 PM – 3:35 PM

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Learning Objectives:

- Recognize current FDA-approved medications for opioid use disorder (MOUDs)
- Describe specific management strategies for methadone, buprenorphine and naltrexone in the perioperative setting
- Describe multi-modal analgesic strategies for patients with chronic pain or those taking MOUDs in the ASC setting

Case:

You are working at a free-standing ASC that is affiliated with a tertiary-care academic medical center. Your next patient is a 45-year-old, 75kg female presenting for a hysteroscopy and endometrial ablation procedure. She was added on to the schedule the day prior by one of your GYN colleagues and did not undergo a formal pre-anesthesia evaluation. Her PMH is notable for uterine fibroids and a history of opioid use disorder (OUD) for which she takes sublingual buprenorphine/naloxone tablets (8mg/2mg SL tablets TID). She did not take her usual AM dose because she was worried about how it might affect the anesthesia.

Question: What is the current scope of the “opioid crisis” in the US? What are the diagnostic criteria for opioid use disorder (OUD)?

Question: Which medications are FDA-approved for the treatment of OUD? Compare and contrast their mechanism of action in OUD.

Question: Why do some formulations of buprenorphine contain naloxone? Why else might a patient be prescribed buprenorphine?

Question: What are some strategies for managing a patient's buprenorphine in the perioperative setting? How might this differ between outpatient and inpatient procedures?

You patient is anxious about pain after the procedure but is motivated to have this procedure done as an outpatient.

Question: How would your perioperative medication management recommendations change if this patient was prescribed daily methadone therapy? What about daily naltrexone?

Question: Discuss a framework for assessing patients on chronic methadone, buprenorphine or naltrexone being considered for surgery at an ASC. How would you determine who isn't appropriate for an ASC?

Question: What are some successful pre, intra and post-op strategies to employ when planning for ambulatory surgery in this patient population?

The case proceeds uneventfully under general anesthesia with a laryngeal mask airway and TIVA with propofol. The patient receives 1000mg of acetaminophen in preop along with 100mcg fentanyl, 1mg hydromorphone, 40mg of ketamine and 30mg of ketorolac intraoperatively. Despite your best efforts, the patient is complaining of severe abdominal pain in the PACU 5 mins after arrival. Vitals: HR 110 BP 140/100 RR 25 SPO2 100% on 2L NC. Lower abdomen is soft but extremely tender to palpation.

Question: How would you approach treating this patient's postoperative pain?

Question: In contrast to those on chronic buprenorphine, how should acute postoperative pain in the ASC PACU be managed for those patients on chronic methadone or naltrexone?

After 4 mg of IV hydromorphone, given in 1mg doses, your patient rates her pain as a 5/10. Your surgical colleagues have examined her and are not concerned about a surgical complication that could explain her postoperative symptoms. Vital signs are stable and the patient feels ready for discharge.

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