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CORR Insights®: Preoperative Opioid Misuse is Associated With Increased Morbidity and Mortality After Elective Orthopaedic Surgery

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Where Are We Now?

Narcotics are a necessity for patients in the setting of orthopaedic surgery. Many elective orthopaedic procedures require rehabilitation and therapy to maximize outcomes and assist with the return of

function. Narcotics during rehabilitation allow a level of intensity and progress that would not be attainable otherwise. At the same time, the side effects of narcotics and the potential for abuse are well known and are a cause of concern for all orthopaedic surgeons. Management of narcotic use in the postoperative period requires constant vigilance in order to decrease dosing appropriately as recovery progresses. Additionally, well-intentioned primary care physicians, trying to help with musculoskeletal pain, manage some patients preoperatively with narcotics; some of these patients develop narcotic dependence. Managing postoperative pain in these patients is much more difficult, and intuitively, most orthopaedic surgeons understand this. Unfortunately, the number of narcotic prescriptions has increased dramatically during the last several years, and this represents a growing global problem [1, 2].

The article by Menendez et al. details the rise in narcotic dependence and describes the effect of preoperative narcotic use on postoperative outcomes. Using a healthcare utilization database they demonstrate higher complications and worse outcomes for patients undergoing elective orthopaedic surgery in the inpatient setting including prolonged length of stay, increased need for mechanical ventilation, and death. They also demonstrate an increase of 152% in the incidence of narcotic dependence in patients presenting for elective orthopaedic procedures from 2002 to 2011. Even at their highest measured level, the study authors found 0.24% (1 in 425) of patients had opioid dependence. It is fair to say that this, likely, grossly underestimates the true incidence.

Where Do We Need To Go?

As an antidote to this problem, Menendez et al. suggest delaying elective orthopaedic procedures until narcotic use is discontinued. However, this idealistic approach potentially puts

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physicians trying to manage orthopaedic pain in a difficult situation. Narcotic use among preoperative patients with severe, disabling pain can vary from occasional use to habitual overuse. To assume that all patients who use narcotics for pain are dependent is oversimplifying the issue. For many patients with arthritic pain, the timing and circumstances may not be right for surgery. To deny all patients narcotics, irrespective of their readiness for surgery, conflicts with the desire of many physicians to help patients manage pain. We need a more accurate assessment of the problem; specifically what is the true incidence and extent of narcotic use in the preoperative setting? We also need to know if discontinuing the use of narcotics before surgery will lead to better outcomes.

How Do We Get There?

Narcotic overuse and abuse is a growing problem. To begin to address it, we

must first differentiate between narcotic use and narcotic abuse. A simple, readily available tool that accurately characterizes the level of narcotic use, similar to the way alcohol use is characterized, will be required. Only then will we know the true incidence of narcotic abuse among our patients. Next, researchers should perform multicenter studies evaluating patients who have been identified as narcotic abusers, with the goal of determining whether it is possible to wean these patients by delaying elective orthopaedic procedures, or whether indeed they are likely to continue to abuse narcotics at potentially higher levels because of continued pain? If they are able to successfully discontinue narcotic use, do their outcomes match those of patients who have not abused narcotics? Finally, does decreasing preoperative narcotic use lead to better long-term outcomes and satisfaction? Narcotic use and abuse affect all orthopaedic surgeons and it is time we

start answering these many lingering questions.

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