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Over Use of Opioids After Prostatectomy: Statewide Experience from the Michigan Urologic Surgery Improvement Collaborative (MUSIC)

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INTRODUCTION AND OBJECTIVES: Opioid over prescription is a well described phenomenon in medicine; urology is no exception. Prior research has described this on an institutional basis. However, little is known about urologic opioid prescribing patterns on a statewide level. Here we present opioid prescription and consumption patterns after robot assisted radical prostatectomy (RARP) in the Michigan Urologic Surgery Improvement Collaborative (MUSIC).

METHODS: MUSIC is a consortium of 42 urology practices, both academic and private, that maintains a prospective registry of validated clinical data, including patient reported outcomes. In June 2018, opioid use was discussed in the collaborative and an initiative was implemented to monitor opioid use among RARP patients with the aim of reducing opioid prescription. All patients undergoing RARP in the Patient Reported Outcomes program were eligible to participate. A baseline survey captured opioid use and pain levels before surgery. A second survey at 30 days post RARP captured prescription quantity and type, opioid consumption and refills, current pain levels, and ongoing opioid use. Opioids were converted to morphine milligram equivalents (MME) to standardize analyses.

RESULTS: Baseline data were obtained from 370 patients from 86 urologists and 22 practices. 210 patients completed the 30-day post RARP survey. 85% (n=179) of patients were prescribed opioids post RARP. Median MME prescribed was 75 per patient (about 10 tablets of oxycodone 5 mg). Median MME consumed was 28.5 per patient (about 4 tablets of oxycodone 5 mg) (Figure 1). 6% (n=12) of patients requested a refill. 2% (n=5) reported using opioids at 30 days. Median MME prescribed for those who requested refills or were using opioids at 30 days was 73 and 128, respectively. There was no difference in pain at 30 days post RARP versus at baseline.

CONCLUSIONS: In a statewide collaborative, patients consumed only 38% of prescribed opioids while still reporting good pain control. These data provide important benchmarks for opioid prescription and consumption patterns that will help guide further efforts to decrease unnecessary opioid prescription while maintaining patient safety and quality of care.

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