



MUSIC Pain-control Optimization Pathway (POP) for RP

MUSIC POP is a quality improvement program that aims to safely limit, if appropriate, the number of opioid tablets a patient receives post radical prostatectomy. Successful implementation of the protocol will qualify for a modifier-22 coding resulting in a 35% increase in reimbursement from BCBSM.

Eligibility: All patients who are undergoing a radical prostatectomy **EXCEPT** patients with multiple comorbidities, complex surgeries, or patients already on opioids. Patients in active recovery from opioid use disorder are eligible on a case-by-case basis.

Pre-operative care:

- Educate patient on MPOP - a quality improvement project, aiming to provide patients with the best possible care, to help them recover faster and return to their normal self without exposing them or their families to the risk that opioids pose
- Discuss expectations and opioid alternative pain management strategies following their surgery
- Ensure patient receives the *Managing Your Pain After Surgery Without Opioids* document
- Enroll the patient into MUSIC PRO to establish pre-operative pain and functional status through the baseline questionnaire and receive follow-up questionnaires concerning pain management and functional recovery.

Operative care:

- Standard analgesia during surgery, consider bupivacaine at completion of procedure
- IV Ketorolac (Toradol) administered at closing, if clinically appropriate
- PACU care does not need to change from existing routine and may include opiates

Post-operative (in-hospital management) care:

- Administration of scheduled IV Ketorolac (Toradol) and oral acetaminophen, as clinically appropriate
- For breakthrough pain only, administer oral or IV narcotic medication(s)
- Patient will have pain assessed by medical team on post-operative day #1

Discharge Instructions:

- Provide a prescription for six tablets of narcotic medication to the patient
- Inform patient on how to safely dispose of unused narcotic medication such as, mix the medication with a substance like dirt, kitty litter, or used coffee grounds and place in a zip-top bag and dispose
- Inform patient that he will receive a 1-month questionnaire after surgery, which includes questions concerning pain management
- After discharge, if a patient calls and has pain that is not controlled despite alternative measures, prescribe the patient additional rescue medication
 - Providers should avoid prescribing Percocet, Norco, Vicodin, and Tylenol 3 for additional rescue medication, if a patient is already taking scheduled acetaminophen

Discharge - post-operative education care:

- Re-iterate pain expectations and management strategies using opioid alternatives
 - Explain risks and benefits of all medications dispensed
 - Consider post-op medication schedule acetaminophen and ibuprofen for the first 72 hours after surgery, 650 mg of acetaminophen (Tylenol) staggered with 600 mg of ibuprofen (Motrin), every 6 hours
 - Provide phone number of appropriate medical staff, if pain is not controlled with Tylenol and Motrin
- For any questions or concerns, please contact the MUSIC Coordinating Center at 855.456.2035 or musicurology@umich.edu***