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Practice-Level Variation in Opioid-Free Discharge Following Surgery for T1 Renal Masses: A MUSIC-KIDNEY Analysis

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INTRODUCTION AND OBJECTIVE: The prescription of opioids following surgery has played a role in the current opioid epidemic, both by increasing the risk of persistent opioid use and through diversion of unused pills into the community. We evaluated practice-level variation in opioid prescribing following surgery for cT1 renal masses (T1RM) and examined the relationships between opioid-free discharge and postoperative emergency department (ED) visits and readmissions.

METHODS: We retrospectively examined all T1RM patients with data regarding prescription of postoperative opioids within the MUSIC-KIDNEY registry from April 2021 to August 2022. Patients were stratified into those who received opioids at discharge and those who had opioid-free discharge, and associations with patient, tumor, and surgical factors were evaluated. Practice-level variation was assessed. Rates of postoperative ED visits and readmissions within 30 days were compared between cohorts.

RESULTS: Of 248 patients who underwent surgery for T1RM across 11 practices in MUSIC-KIDNEY, 24.2% underwent opioid-free discharge. Practice level variation in rates of opioid-free discharge ranged from 0% to 72.7% (Fig). For patients prescribed opioids, the median number of pills was 12 (IQR 8-12). Patients prescribed opioids at discharge had a higher median BMI than those with opioid-free discharge (31.7 vs 28.7, $p=0.003$). Other patient comorbidities, tumor factors, surgical approach (minimally invasive vs. open), and surgery type (partial vs. radical nephrectomy) did not differ between cohorts ($p>0.05$). The opioid-free group had at least comparable rates of 30 day ED visits (0% vs. 3.2%) and readmission (1.7% vs. 5.3%), although this did not reach statistical significance ($P>0.05$).

CONCLUSIONS: MUSIC-KIDNEY data suggests that opioid-free discharge is not associated with increased rates of postoperative ED visits or readmissions. There exists wide practice-level variation in the prescription of opioids following surgery for T1RM in the state of Michigan. Further investigation into additional factors driving this variation is warranted. There is potential to learn from practices that are safely limiting the number of pills entering the community, and future QI initiatives may focus on this metric.

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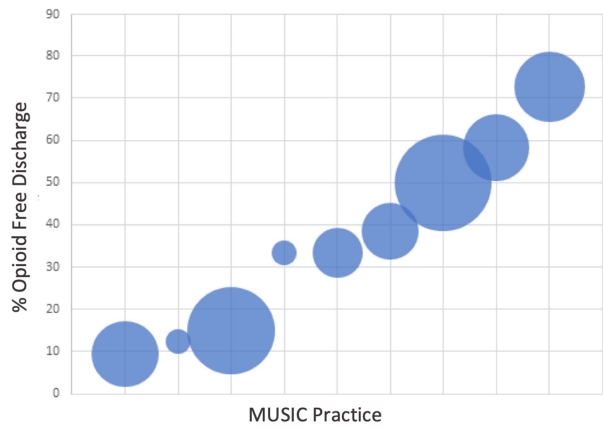


Figure: Rates of opioid-free discharge following surgery for T1RM by MUSIC practice, with size of bubble corresponding to volume of cases