



More action needed to limit opioid use after surgery: The Lancet

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A global review detailing the role of surgery in the opioid crisis has prompted calls for a raft of new patient measures including more specialist pain clinics, drug “take back” events and secure medication disposal boxes to curb opioid use.

According to Professor Paul Myles, Director of the Department of Anaesthesiology and Perioperative Medicine at the Alfred Hospital and Monash University, and lead author of a new opioid series published in The Lancet today (Friday, April 12) inappropriate opioid prescribing after surgery is a growing concern.

“We’ve now got compelling evidence that poorly controlled acute pain after surgery can lead to chronic post-surgical pain,” Professor Myles explained.

“Providing opioids for surgical patients presents a particularly challenging problem requiring clinicians to balance managing acute pain, and minimising the risks of persistent opioid use after surgery.

“Over the past decade there has been an increasing reliance on strong opioids to treat acute and chronic pain, which has been associated with a rising epidemic of prescription opioid misuse, abuse, and overdose-related deaths.

“To reduce the increased risk of opioid misuse for surgery patients, we call for a comprehensive approach to reduce opioid prescriptions, increase use of alternative medications, reduce leftover opioids in the home, and educate patients and clinicians about the risks and benefits of opioids.”

The authors of The Lancet series, which also includes Australian specialist pain medicine physician Professor Paul Glare, Director, Pain Management Research Institute, Royal North Shore Hospital, say specialist transitional pain clinics and opioid disposal options for patients (such as secure medication disposal boxes and drug “take-back” events) to help reduce home-stored opioids, could help.

More research is also needed to help effectively manage the many challenges the use of opioids presents.

The Lancet series says chronic post-surgical pain is a growing problem as the population ages and more surgeries are done. It can occur after any type of surgery. Each year there are 320 million people having surgery, and chronic pain occurs in 10 per cent of cases.

About one in five adults live with chronic pain. Some of this starts with surgery and has been associated with a rising epidemic of prescription opioid misuse, abuse and overdose-related deaths.

Professor Myles said current research is examining how pain pathways in the brain and spinal cord are activated and sometimes programmed to transition into a chronic pain condition.

“The normal pain experiences after surgery can teach us a lot about how pain can be better managed,” he said.

The Dean of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists (ANZCA) Dr Meredith Craigie welcomed the release of The Lancet series to highlight the issue of inappropriate opioid prescribing.

“Helping medical practitioners and consumers learn about better pain management strategies is essential to achieve changes in attitudes and behaviours that will lead to safe and appropriate prescribing and use of opioids,” she said.

“Chronic pain treatment requires a complex, co-ordinated approach that includes movement, physiotherapy and psychosocial interventions rather than just focusing on medications which in many cases are ineffective.”