Prescribing recommendations for opioid-naïve* surgical patients developed by Michigan-OPEN, based on Michigan Surgical Quality Collaborative’s patient-reported data and published studies.

These recommendations meet or exceed 75% of patients’ self-reported use.

Counseling patients about pain & opioid use after surgery

- Set pain expectations in relation to procedure
- Focus on non-opioid pain management alternatives
  - NSAIDs, acetaminophen
  - physical therapy
  - acupressure
  - meditation/mindfulness breathing
- Discuss appropriate use
  - only for acute surgical pain
  - not for chronic pain, sleep or mood
- Discuss adverse effects
  - nausea, vomiting, constipation
  - risk of dependence
  - addiction
  - potential overdose
- Educate on proper storage and safe disposal
  - Learn where to SAFELY dispose of unused opioids at: Michigan-OPEN.org/takebackmap

*No opioid exposure 11 months before the perioperative period.

Michigan-OPEN.org

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opioidprescribing.info

Download prescribing recommendations in PDF or Excel, sign up for notifications of updated recommendations and additional procedures.

evidence-based reasons for changing the way you prescribe opioids
Q: Why am I being asked to change my opioid prescribing practices?
- Postoperative opioid prescribing varies significantly.¹
- Greater than 70% of prescribed pills went unused by patients.¹,²
- Patients who received smaller opioid prescriptions after the intervention reported using fewer opioids.³
- Evidence-based opioid prescribing guidelines for the perioperative period are needed to enable tailored prescribing and reduce the excess of opioid pills within patients’ communities.⁴

Q: Will I be asked to refill prescriptions more frequently if I initially prescribe fewer opioids?
- The probability of a patient refilling a postoperative opioid prescription was not correlated with their initial prescription amount.⁹
- Surgeons could prescribe smaller opioid prescriptions without influencing the probability of a refill request.⁹
- Implementation of evidence-based prescribing guidelines reduced post-laparoscopic cholecystectomy opioid prescribing by 63% without increasing the need for medication refills.³

Q: How likely is persistent opioid use after surgery?
- Approximately 6-10% of opioid naïve (before surgery) patients continue to use opioids more than three months after surgery.⁶,⁷,⁸
- Many patients continue to use their opioids for reasons other than surgical pain.⁶,⁸
- New persistent opioid use after surgery is an underappreciated surgical complication that warrants increased attention.⁶,⁷,⁸

Q: Will my patient satisfaction scores be impacted by prescribing fewer opioids?
- No correlation was found between HCAHPS pain measures and postoperative opioid prescribing.⁵
- Clinicians can feel empowered to reduce their initial opioid prescription without impacting patient satisfaction.⁵

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**References**