

Opioid Prescribing Habits Following Implementation of ERAS in Patients Undergoing Major Urologic Reconstruction

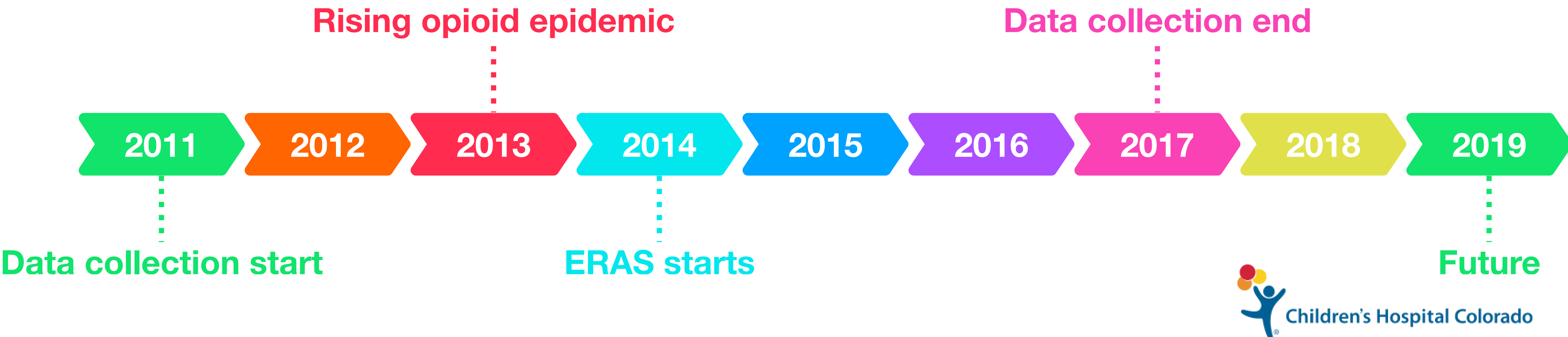
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Background

- Implemented Enhanced Recovery After Surgery (ERAS) pathway for children undergoing major urologic reconstructive surgery
- Retrospectively compared non-ERAS and ERAS cohorts to evaluate opioid prescribing practices
- Hypothesized ERAS would need fewer prescriptions



Results

- **98 non-ERAS patients, 92 ERAS**
- **Patients receiving and filling opioid prescriptions was significantly higher in the ERAS cohort**
 - **Received: 82.6% vs 93.9% $p=0.015$**
 - **Filled: 57.9% vs 76.1% $p=0.012$**
- **No difference in total opioids, supply days, or refills**
 - **MME (mg/kg): 3.0 historical vs 2.4 ERAS $p=0.164$**
 - **Days: 5 historical vs 4.75 ERAS $p=0.567$**
 - **Refills: 17.4% historical vs 19.4% ERAS $p=0.723$**
- **Residents prescribed 2x more than fellows**
 - **2.9 mg/kg vs 1.5 mg/kg $p=0.001$**

Key Takeaways

- **Increase in post-operative opioid prescription filling despite ERAS**
- Decreased length of stay (3.2 days in ERAS vs. 5.1 days historical) may prompt providers to prescribe opioids due to concern about pain control at home
- Not enough to “be aware” of the opioid epidemic, need to consciously make changes