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