Background
Over the past decade, there has been an increase in number of prescribed and used analgesics in the United States. After elective outpatient carpal tunnel surgery, patients’ need for opioid analgesic medication may be considerably less than typically dispensed. Few reports have examined actual consumption after elective surgery. A better understanding of actual opioid consumption after elective upper extremity surgery may lead to improved prescribing practices and less leftover medication available for diversion.

Aims:
1. Evaluate pain control and quantify the amount of leftover pain medication
2. Develop a Protocol for pain medication prescription following carpal tunnel release

Materials and Methods
A prospective review of all patients scheduled for elective outpatient CTR (Dec 2011- April 2012) was conducted independently by two main authors (A.I, B.P). All CTR was conducted by the senior author (A.I), using a mini-open technique in an out-patient setting, using local anesthetics only. A bulky dressing was applied post operation. All patients were discharged home following the CTR, and encouraged to removed their dressing on post operative day 1.

Conclusion
The average number of Tylenol #3 consumed was 10.46 (0-50 tabs) 44% patients consumed less than 5 tablets. Smoking was associated with higher consumption of pain medication, although not statistically significant (P=0.56). The average post operative days for consumption of analgesic were 2.33 (0-7 day). Five patients continued to wear their pre-operative splint for an average of 2 weeks. Overall there were a total 1,531 leftover tablets for the entire cohort. Our data showed that excess prescribed analgesics are made available after elective carpal tunnel surgery. Based on these data, we recommend prescribing no more than 20 pills, with an option for 1 refill.

References:
2. Kuehn BM. Opioid prescriptions soar: increase in legitimate use as well as abuse. JAMA 2012 Apr 4;307(13):1330-1