

Nonsurgical Providers Provide the Majority of Postoperative Opioid Prescriptions After Hand Surgery

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BACKGROUND

- Increased use of Prescription Drug Monitoring Program (PDMP) websites has helped physicians to limit overlapping controlled substance prescriptions and help prevent opioid abuse
- Many studies have investigated risk factors for prolonged opioid use after orthopedic surgery, but few studies have investigated who is prescribing opioids to postoperative patients
- Studies on opioid use in orthopedic surgery patients have found that a substantial number of postoperative opioid prescriptions are written by providers other than the orthopedic surgeons who had performed the surgical procedure
- The purpose of this study is to investigate the types of providers prescribing opioids to hand surgery patients in the postoperative period
- We hypothesized that the patient's operating surgeon would be writing the majority of prescriptions in the immediate postoperative period, but that patients would be receiving more opioid prescriptions from non-orthopedic providers as time increased from surgery

METHODS

- Retrospective review of all patients that underwent a single hand surgery at our institution over 8-month period
- State PDMP website search was performed to identify opioid prescriptions filled by hand surgery patients from six months preoperatively to 12 months postoperatively
- An internet search was then performed to identify the medical specialty of all providers who wrote an opioid prescription for the study patients
- Opioid prescribers were classified into several groups: 1) the patient's operating surgeon, 2) other orthopedic surgery providers, 3) general medicine providers, and 4) all other medical providers.

RESULTS

- 327 patients who received an opioid prescription on the day of surgery were included in final analysis
- 108 (33.0%) filled a total of 341 additional opioid prescriptions postoperatively
- Non-orthopedic providers prescribed 81.5% of all opioid prescriptions within 12 months postoperatively, with the patient's operating surgeon prescribing only 10% of all prescriptions (Table 1)
- General medicine providers were the highest prescriber group at 28.7% of total postoperative opioid prescriptions

Provider Type	N (%)	Average MMEs per Rx
General Medicine	98 (28.7)	341.4
PM&R	52 (15.2)	493.9
Operating Surgeon	34 (10.0)	145.2
Other Orthopaedic Surgery Provider	29 (8.5)	237.1
Anesthesiology	21 (6.2)	976.4
Dentist	18 (5.3)	79.5
Rheumatology	15 (4.4)	600.0
General Surgery	12 (3.5)	134.4
Sleep Medicine	12 (3.5)	450.0
Pain Management	10 (2.9)	1635.0
Emergency Medicine	10 (2.9)	431.6
Oncology	7 (2.1)	435.7
Urology	6 (1.8)	1277.5
Acute Care	4 (1.2)	350.0
ENT	4 (1.2)	92.5
Podiatry	2 (0.6)	112.5
Hospice	2 (0.6)	168.8
Pulmonology	1 (0.3)	150.0
Neurology	1 (0.3)	1260.0
OBGYN	1 (0.3)	80.0
Pediatrics	1 (0.3)	300.0
Geriatric Medicine	1 (0.3)	78.8

Table 1. Opioid prescribers of all opioid prescriptions filled within 12 months postoperatively.

RESULTS (cont.)

- From 6 to 12 months postoperatively, the patient's operating surgeon prescribed only 4.9% of total opioid prescriptions filled
- The progressive decrease in percentage of prescriptions written by the patient's operating surgeon over time was statistically significant (20/40 prescriptions at <1 month postoperatively, 5/119 prescriptions from one to six months, 9/182 prescriptions from six to 12 months; $p < 0.01$) (Figure 1)

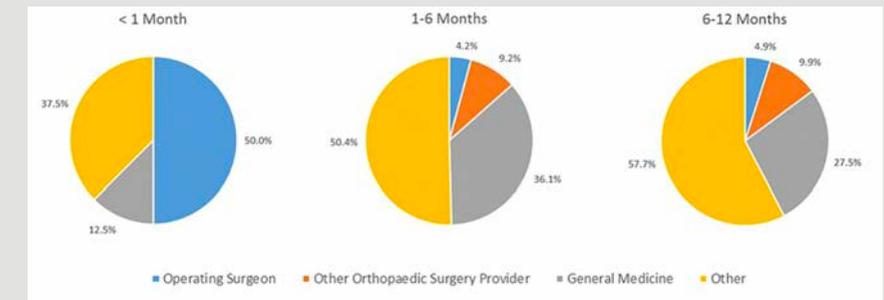


FIGURE 1: Opioid prescribers based on time from surgery date

CONCLUSIONS

- Orthopedic surgery providers wrote less than one-fifth of opioid prescriptions filled by hand surgery patients within 12 months postoperatively, and the patient's surgeon wrote only one-tenth of overall prescriptions filled
- Surgeons should be aware that their surgical patients may be receiving opioid prescriptions from a wide variety of medical providers postoperatively
- These other providers may be prescribing larger amounts of opioids compared to prescriptions provided by the operating surgeon
- The findings of this study emphasize the importance of collaboration across medical specialties to mitigate the risks of prolonged opioid use after hand surgery