

## AB201. 220. Opioids: are we prescribing too much

Cian Davis, Aoife Lowery, Chris Collins

Department of General Surgical, University Hospital Galway, Galway, Ireland

**Background:** Opioids are a well-established class of medication licensed for the treatment of immediate post-operative, cancer and otherwise uncontrollable chronic pain. Employed appropriately, opioids are highly effective and provide excellent analgesia to patients but have a troublesome side in their addictive potential. This has become a focus of public and mainstream media attention as the true extent of the opioid crisis becomes apparent in the United States. We assessed the extent of the problem of opioid over-prescription in Galway University Hospital.

**Methods:** We analysed the electronic discharge summaries of every patient who had undergone one of five common surgical procedures (laparoscopic appendicectomy, laparoscopic or open inguinal hernia repair, wide local excision with/without sentinel lymph node biopsy, knee arthroscopy and laparoscopic cholecystectomy) over the

period 1st July–31st October 2017 and collected data on whether or not opioids were prescribed on discharge, and additional information on the agent(s) prescribed, the dose, frequency and quantity of opioid in question. We collected further data on patient demographics, operative details, length of stay, presence or absence of any pre-operative comorbidities and whether additional, non-opioid analgesia was prescribed on discharge. We then compared the details of the opioid prescription with guidelines regarding post-operative analgesia.

**Results:** The data reveals a lack of consistency in opioid prescribing habits for these common surgical procedures in our department. Though analgesia guidelines for these procedures exist, their recommendations are rarely reflected in our sample.

**Conclusions:** Though there is not a problem on the scale of the U.S. in Ireland, there is room for improvement in the application of current best practice guidelines surrounding opioid prescription in the procedures examined in this study.

**Keywords:** Analgesia; opioids; postoperative

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