

## AB004. SOH21AS099. Postoperative opioid prescribing patterns following mastectomy: a single centre retrospective audit

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**Background:** Opioids effectively manage postoperative pain. Over prescribing is common. The risks associated with opioid overuse may outweigh their benefits clinically and contribute to the opioid epidemic. Increasing research illustrating the effectiveness of alternative methods such as enhanced recovery after surgery (ERAS) questions the need for routine postoperative opioids.

**Methods:** A single centre retrospective study of all analgesia prescribed to patients who underwent breast mastectomy between 2018–2020 was performed. Opioid duration and quantity in morphine equivalents was recorded.

**Results:** One hundred and four patients were included (male n=1, female n=103), average age 59.9 years (35–95 years). Ninety-two of 104 (89%) patients received opioids postoperatively. 0 of 104 (0%) were on chronic opioid therapy preoperatively. Patients on average received opioids for 4.6 days (2–14 days). The average daily dose was 26 milligrams (3.6–75 milligrams) morphine equivalent. The average total prescription was 118 milligrams (60–1,120 milligrams) morphine equivalent. Fifty-five (53%) of patients were prescribed adjuvant NSAIDs, 89 (86%) paracetamol, and 42 (40%) prescribed both. Forty-five patients prescribed paracetamol were prescribed sub-therapeutic doses (<4 gr/day).

**Conclusions:** Opioid prescriptions are prevalent post mastectomy. Opioid naïve patients are prescribed high

doses of opioids postoperatively. Adjuvant analgesia's are not prescribed in all patients postoperatively and prescribed at sub-therapeutic doses. Due to the risk of dependence and prolonged opioid use, surgeons must be cautious with postoperative discharge analgesia prescriptions. This data will inform guidelines for opioid prescribing practice for our patients. Further research in this area is needed to identify contributing factors that allow for inappropriate opioid prescribing.

**Keywords:** Analgesia; breast surgery; mastectomy; overprescribing; opioids; postoperative pain; pain

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### Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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