

## AB002. SOH22ABS089.

# Opioid prescribing after breast surgery: a systematic review of guidelines

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**Background:** Despite advances in opioid-sparing analgesia, opioid prescribing in breast surgery remains suboptimal. Besides delayed rehabilitation, excess post-operative opioids may lead to opioid dependence. This systematic review evaluates available guidance on opioid prescribing after breast surgery.

**Methods:** Electronic databases were searched systematically using MeSH terms “breast surgery”, “analgesia”, “opioid” and “guidelines”. The grey literature was screened to supplement the search. All articles that provided recommendations on opioid prescribing in breast surgery, regardless of procedure, were included. Quality of the guidelines were assessed using the AGREE2 tool. Recommendations pertaining to opioid prescribing, analgesic adjuncts and education were summarised and reported with descriptive statistics.

**Results:** There are 8 guidelines pertaining to mastectomies, breast conserving surgery and breast reconstructions which were included in this review. Two of these guidelines were scored as high quality. While an opioid-sparing approach was adopted by most guidelines, there was significant variability in the recommended opioid dosage. Only 3 guidelines recommended a completely opioid-free regimen. Opioid requirements were stratified by procedure in 3 guidelines, and by individual risk factors in 2 guidelines. While multimodal analgesia was widely recommended, there was no clear consensus on the ideal regimen. Notably, opioid-specific education was poorly adopted by most

guidelines, particularly in relation to opioid awareness and disposal of excess opioids.

**Conclusions:** While an opioid-sparing approach was unanimous, there was significant heterogeneity in the recommended doses and adjuncts. Additionally, the strong evidence behind peri-operative opioid-specific education was not reflected in the included guidelines. Tailored opioid prescribing should be more widely adopted to mitigate unnecessary morbidity.

**Keywords:** Breast surgery; opioid, morphine; mastectomy; prescribing

### Acknowledgments

*Funding:* None.

### 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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doi: 10.21037/map-22-ab002

**Cite this abstract as:** Chan KY, Keogh S, Aucharaz N, Merrigan A, Tormey S. AB002. SOH22ABS089. Opioid prescribing after breast surgery: a systematic review of guidelines. *Mesentery Peritoneum* 2022;6:AB002.