Guideline for Perioperative Management of Patients on Opioid Therapy

By Inpatient Pain Service, Regional Anesthesia and Perioperative Pain Service and Pre-Procedure Evaluation Clinic

Department of Anesthesia, Critical Care and Pain Medicine

Perioperative pain management in opioid tolerant patients is a major clinical challenge that requires close collaboration among surgeons, anesthesiologists, pain management specialists and primary care physicians. To coordinate the optimal peri-operative care of these patients, the Department of Anesthesia, Critical Care and Pain Medicine (DACCPM) has developed this guideline in the pre-operative management of pain medications in these patients based on best current evidence and our clinical experience.

1. Recommended patient referrals from the surgeon's office to the Pre-Procedure Evaluation (PPE) Phone Program:
    - Patients with complex chronic pain history currently taking high doses of opioid pain medications (greater than 60 mg morphine equivalent per day)
    - Patients with a history of substance abuse currently on methadone or buprenorphine (Suboxone) maintenance therapy
    - Patients currently taking Naltrexone for treatment of substance use disorder, alcohol abuse, or for weight loss.
2. The PPE phone screen should be booked at least two weeks prior to surgery for coordination of a patient specific pain management strategy.
3. Patients receiving a PPE phone screen will be asked to provide the name of the ordering provider and the PPE nurse will instruct the patient to follow the below recommendations for preoperative management of home pain medications:
    - Patients on opioid therapy for chronic pain:
        - Document the name and contact information of the physician who provides patient's regular opioid medication prescriptions.
        - Continue home dose of pain medications, both long acting opioid medication and PRN short acting medications.
        - Oral long acting opioid medication (Oxycontin, MS Contin, Methadone for pain): take morning dose on day of OR.
    - Fentanyl patch:
        - Continue home dose schedule.
        - Inform the patient to notify clinician the physical location of Fentanyl patch and time of placement on day of surgery.
    - Patient on methadone maintenance program with a methadone clinic:
        - Document name and contact information of patient's methadone clinic.
        - Continue daily methadone with patient's methadone clinic up to day of surgery.

- On day of surgery, patient's daily methadone will be given either PO or IV by OR anesthesiologist if patient is unable to receive daily dose from his/her methadone clinic.

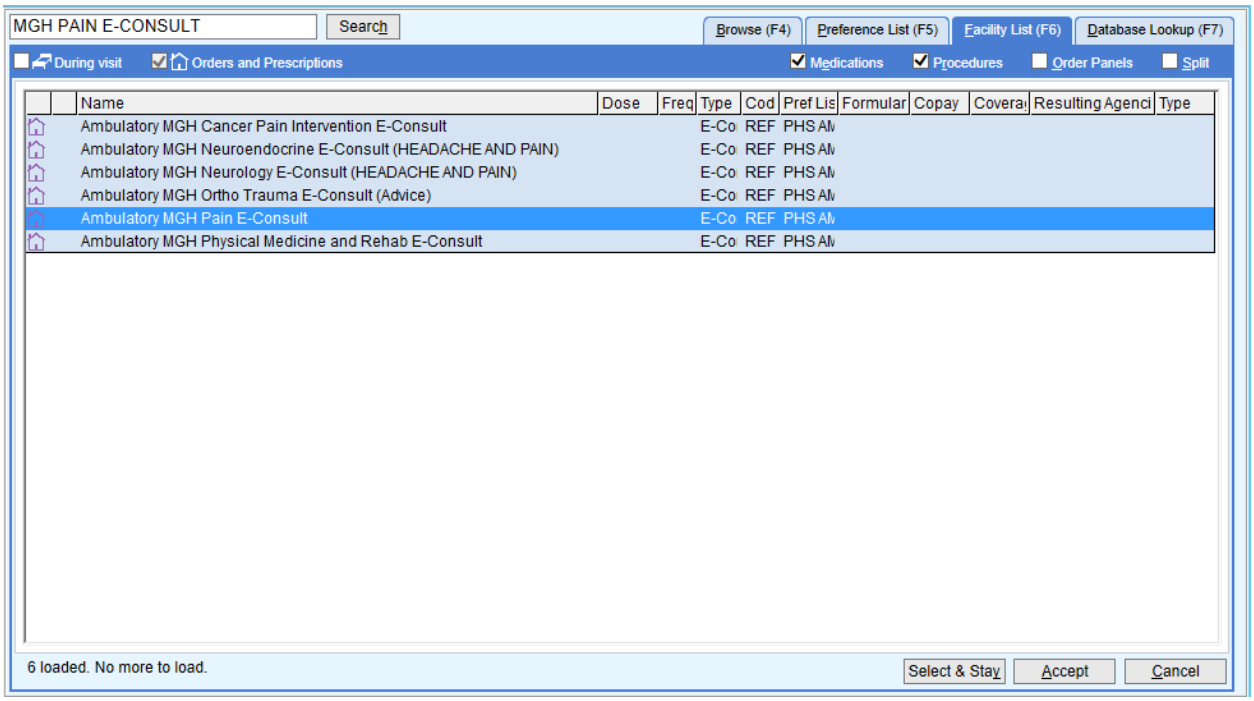
- Patient on buprenorphine or buprenorphine/naloxone:
  - Provide the name and contact information of the physician who provides patient's buprenorphine
  - Provide the name and contact information of patient's psychiatrist/addiction counselor to identify resources and support available for patient postoperatively.
  - PATIENT SPECIFIC PAIN MANAGEMENT STRATEGY RECOMMENDATIONS.
    - If dose of buprenorphine is less (including) 8 mg per day, continue regimen throughout the perioperative period.
    - If dose of buprenorphine is greater than 8 mg per day:
      - If **minimal pain** anticipated postoperatively (i.e. procedures where historically less than 5 day courses of low dose oxycodone or hydrocodone are prescribed), continue regimen throughout the perioperative period.
      - If **moderate to severe** pain is anticipated postoperatively:
        - Before surgery:
          - If BUP < 16 mg daily, continue regimen.
          - If BUP dose > 16 mg daily, titrate dose down so that on the day before surgery BUP dose is 16 mg daily (preferably 8 mg BID vs 16 mg QD). The plan for dose reduction should be communicated to patient's prescriber to allow time for dose titration and monitor/manage potential withdrawal.
        - On day of surgery and throughout hospital stay:
          - Continue BUP at 8 mg per day (preferably 4 mg BID vs 8 mg QD), use additional opioid agonists as needed. Clinicians may expect similar opioid agonist dose requirement compared to opioid tolerant patients maintained on methadone.
        - Preparing for discharge:
          - Provide a post discharge taper plan for opioid agonists, transition care back to patient's buprenorphine prescriber for resumption of baseline buprenorphine dose.
  - A patient specific plan that is different from the above recommendations can be considered if patient and BUP prescriber desire. Patient is encouraged to have

an in-person consultation and discussion with a pain management physician at our MGH Center for Pain Management.
    - The anesthesiologist in PPE will establish contact with patient's buprenorphine prescriber and reach consensus on management plan.
    - Upon discharge, pain service consultation teams will contact patient's buprenorphine prescriber and provide a handoff of the buprenorphine management course and post discharge plan.
- Patients on naltrexone:
    - Oral naltrexone: stop 72 hours prior to surgery.
    - Extended-release injectable naltrexone: for elective surgery, allow 30 days between last injection and surgery date.
- All non-opioid adjuvant pain medications (gabapentin, pregabalin, Tricylic antidepressants, muscle relaxers, acetaminophen etc) should be continued. Use of NSAIDs per surgeon's discretion.

4. *e*Consult to MGH Center for Pain Management.

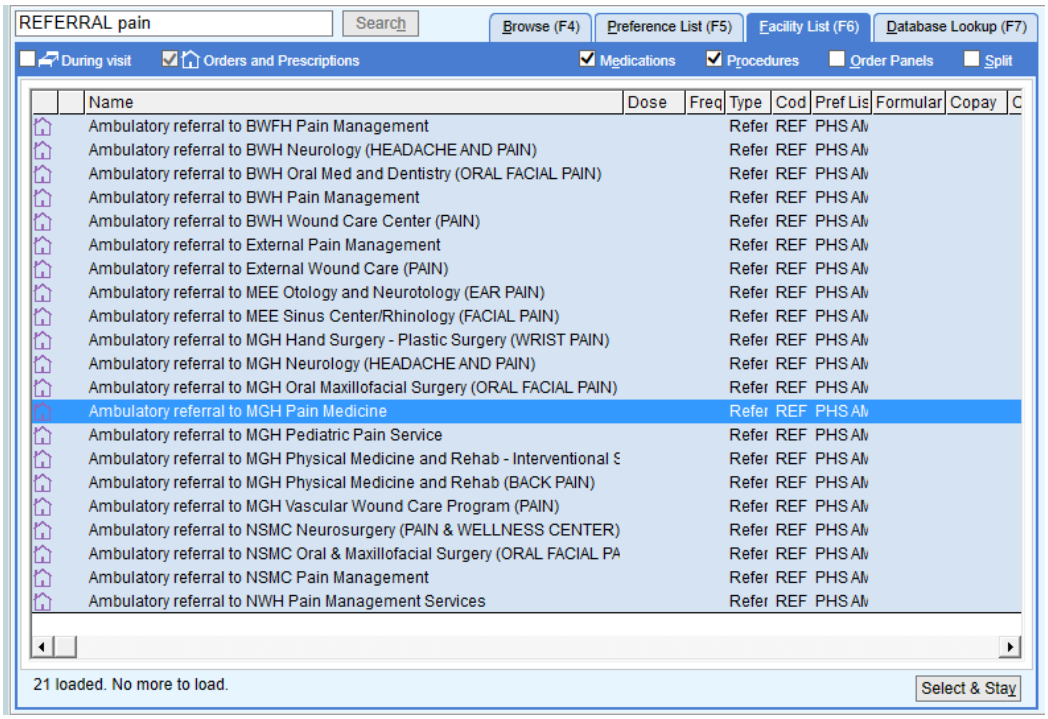
   A physician to physician eConsult can be utilized if assistance from a pain specialist is needed. If a patient's pre-operative pain medication management is beyond the scope of the above recommendations, PPE will notify surgeon's office to place an eConsult to MGH Center for pain management for an individualized pre-operative pain medication management plan. The MGH center for pain management will provide written recommendations within 2 work days upon consult request in the form of a consultation note in EPIC.

   Process to order an e-consult in *EPIC. (Type MGH Pain e-consult in your EPIC order and search, please see screen shot below)*



5. Pre-operative pain clinic consultation.

   For patients with complex chronic pain history undergoing major surgery with anticipated significant postoperative pain who would like to have an in-person discussion, either surgeon's office or PPE can refer the patients to an outpatient preoperative consultation at MGH Center of Pain Management (Tel: 617-726-8810, or choose "ambulatory referral to MGH Pain Medicine" in EPIC order as below, please specify time frame needed. Fast track appointment (within 48 hours) available if indicated).



DACCPM clinician resource panel:

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