POST-OPERATIVE MODIFIED RELEASE OPIOIDS:
Prescribing practice among anaesthetists

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INTRODUCTION

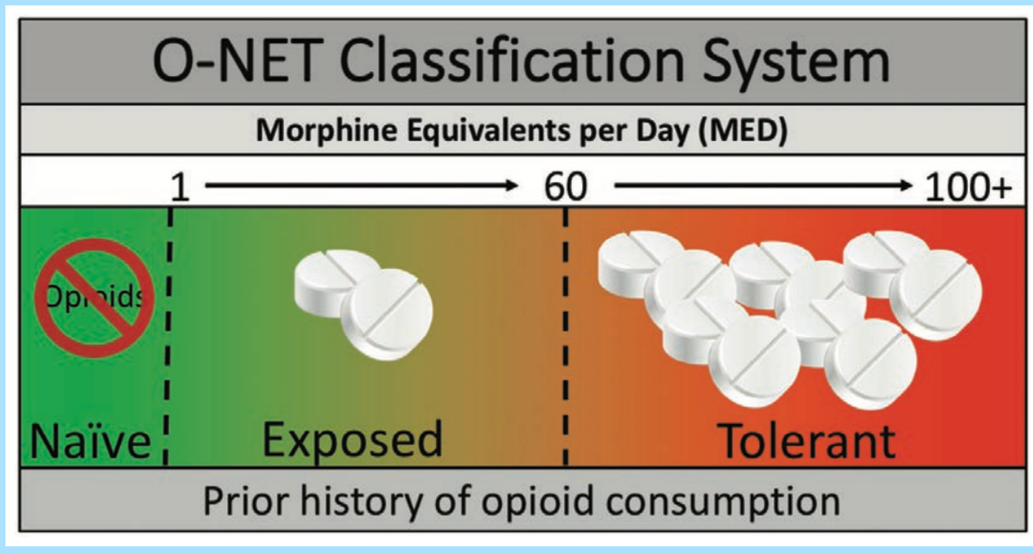
National and international consensus statements have recently published guidelines evidencing increased post-operative risks associated with modified-release opioids (MRO), especially when used within 48 hours of surgery. We aimed to ascertain the rate of MRO prescription by anaesthetists for post-operative day 0 use in surgical patients at ARI.

METHODS

PROSPECTIVE OBSERVATIONAL analysis of medication charts and electronic healthcare records.

- INCLUSION: All surgical patients in ARI main theatres
- EXCLUSION: Paediatric & pregnant, day-case patients

Clinical governance ethical approval & consent not needed (audit of current practice with no patient identifiable data)



RESULTS

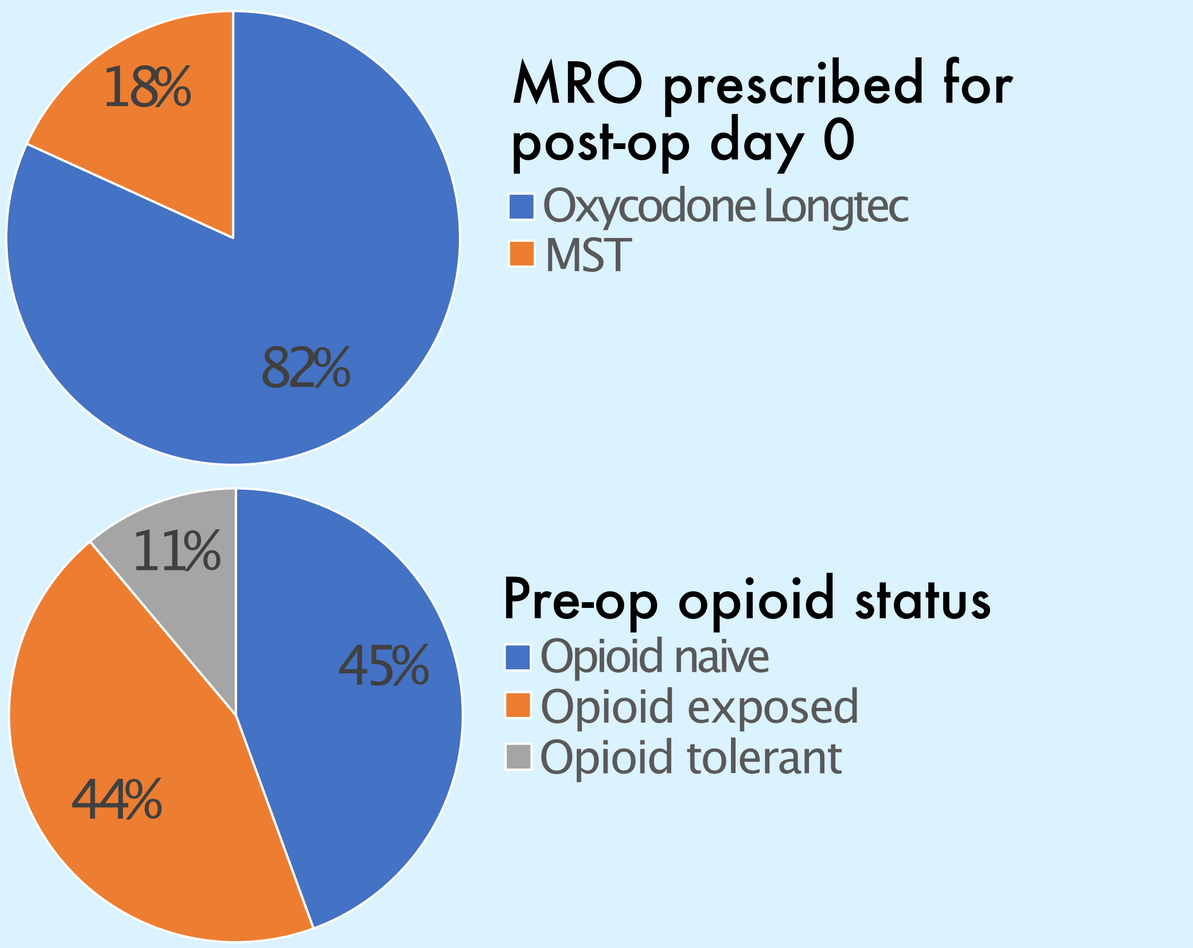
Mean age: 62.7 years, 56% males, mean BMI: 27.2, all had NKDAs

Findings of 1st cycle and risks of MROs with best current practice for opioid prescription presented at local anaesthetic CME meeting →

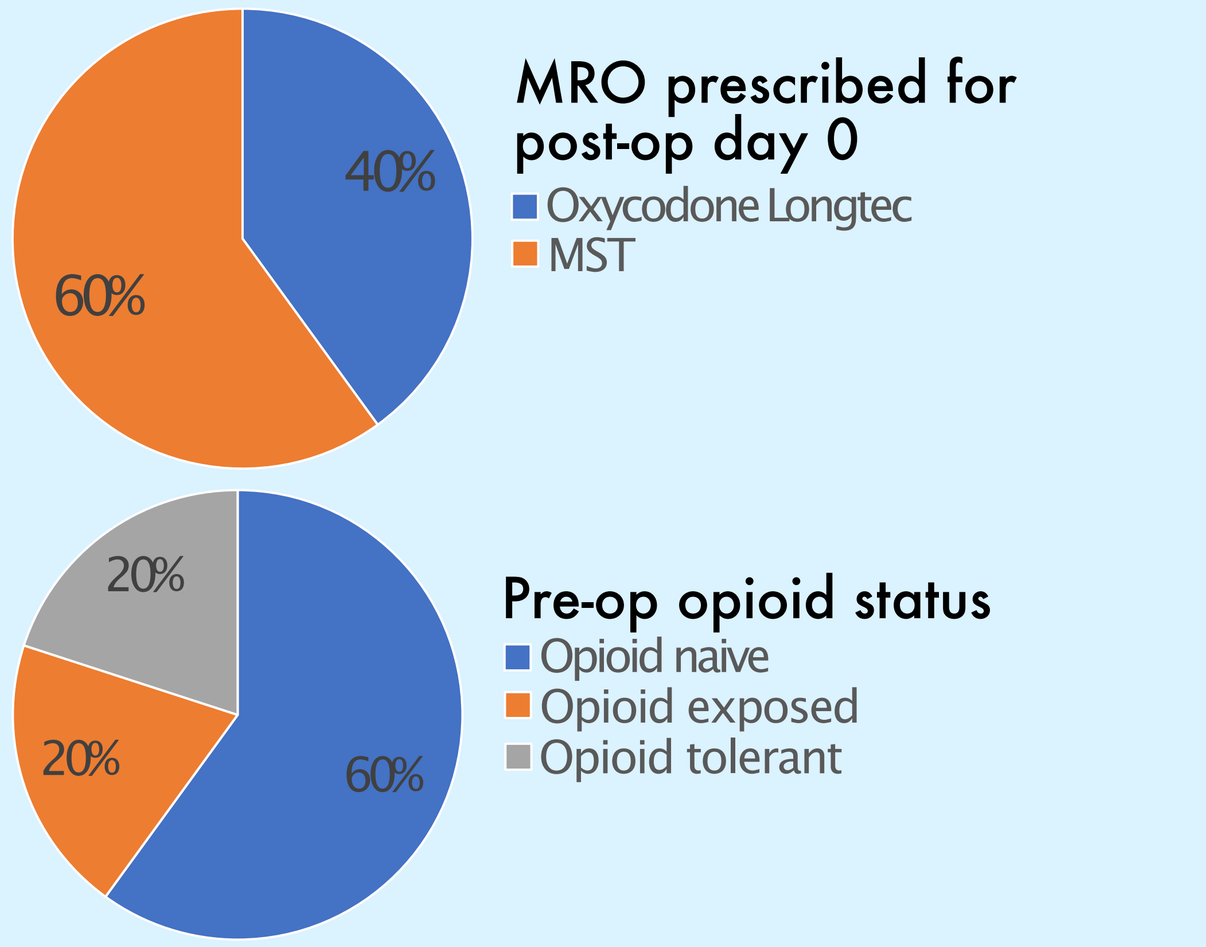
MRO prescription for post-op day 0 halved

Longtec prescription ↓; MST prescription ↑

1st CYCLE:
9 /188 patients prescribed MRO (4.8%)



2nd CYCLE:
5 /189 patients prescribed MRO (2.6%)



CONCLUSIONS

MROs were prescribed for the evening of surgery by list anaesthetists in 4.8% of all post-operative patients. Following intervention, MRO prescription halved, suggesting that prescribing practice of MROs can be improved.

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