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EDITORIAL COMMENT



Opioid prescribing is becoming an increasingly scrutinized practice given the current opioid epidemic in our country. According to the Centers for Disease Control in 2016, there were 42,249 deaths from opioid overdose in the United States with 40% of these being related to a prescribed opioid.^{1–3} Surgeons are a significant source of prescription narcotics and therefore we should evaluate our prescribing habits to see if they match patient’s needs.

The article “Excessive Opioid Prescribing after Major Urologic Procedures,”⁴ evaluates the prescribing habits of urologists after minimally invasive and open prostatectomy, nephrectomy, and partial nephrectomy surgeries. The authors reported that 60% percent of the narcotic medications prescribed after these surgeries went unused. They calculated how many oxycodone equivalents would be needed to provide 80% of the study population with adequate pain control for these surgeries. They concluded that urologists are over prescribing opioids and that fewer pills may be necessary for post operative pain.

Starks et al have recently published data showing that out of 20 prescribed opioid tablets, only an average of 3.5 tablets were used by patients after scrotal and subinguinal surgery. The authors decreased the number prescribed by half and still reported an 88% satisfaction with post operative pain control with only 1 out of the 60 patients requiring a refill.⁵

Similarly, Bates et al showed that only 58% of the prescribed opioids were used after urologic surgeries and that 67% of the patients had medications remaining. The median number of pills consumed ranged from 8 to 14 depending on the type of procedure done. Only 12% of the patients requested a refill on medication. Ninety-two percent of the patients reported that they did not receive any instructions on proper disposal or handling of excess medications, and 91% kept their excess medications at home.⁶

Urologists must walk a delicate balance between providing adequate pain control and not over prescribing. Prescribing practices have been complicated by prescribing restrictions that require a written prescription for opioids and prohibit refills without another written prescription. This creates a dilemma for urologists who treat patients who live many hours away and perhaps encourage over prescribing.⁷ Surgeons may also be concerned about readmission rates due to poorly controlled pain, which can have negative impacts on quality metrics given the move towards value based care.

The authors of this study provide target prescription values for oxycodone equivalents for prostatectomy, nephrectomy, and partial nephrectomy. However, their data do have significant variations in the amount taken by each patient making the median values reported difficult to extrapolate to other patients. Furthermore, the number of patients in this study undergoing each type of surgery is relatively small. Patients may not have been entirely forthcoming during telephone interviews when

reporting the number of pills taken. However, the data do help to provide a reference point especially when taken in conjunction with the other studies mentioned.

In light of the dire numbers with the current epidemic, we as urologists need to re-examine our clinical prescribing habits and attempt to utilize non-narcotic pain management strategies whenever possible.

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