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EDITORIAL COMMENT



The opioid epidemic claimed the lives of 70,237 Americans in 2017.¹ To put that in perspective, it is more than twice as many Americans who died from prostate cancer in 2016.¹ Urolithiasis is also a common condition affecting 1 out of every 11 people in the United States and is often treated with opioids.² In 2009, the National Inpatient Sample showed that 15,409 inpatient ureteroscopies were performed.³ In the United States, it is commonplace for urologists to prescribe opioids after ureteroscopy. Yet, data show that that between 40% and 60% of the prescribed opioids are not used by patients and that the majority of patients have excess opioids regardless of the type of surgery.⁴

Recognizing these issues, the authors of this work present data analyzing claims data to determine the number of opioid prescriptions related to outpatient ureteroscopy. The authors then evaluated these patients for any new opioid prescriptions between 91 and 180 days after their ureteroscopy to define new persistent opioid use. The data set is quite large, including almost 28,000 patients. Of those patients, 51% were opioid-naïve. Six percent of those opioid-naïve patients developed new persistent opioid use. It is also important to note that according to their data, one-third of patients were intermittent users and just over 15% became chronic users. The data also show that patients who received more opioids had a significantly higher risk of becoming new persistent opioid users. The authors noted that new persistent opioid use was more common in patients who were female, white, less educated, have an anxiety or mood disorder or have pain disorders.

The primary outcome mentioned is the amount of opioids prescribed, therefore, the data presented is unable to answer how many opioids were consumed by the patients. Nonetheless, the rate of new opioid prescriptions still serves as a reasonable surrogate for new persistent opioid use. In addition, unconsumed opioids can certainly result in abuse either by the patient or by someone else. The data set used only pertains to insured patients who filled prescriptions through their insurer. Therefore, we also do not know how the data extrapolates to uninsured patients, or those who did not pay for opioids through their insurance.

Renal colic can be a debilitating situation. Historically, opioids have been viewed as the gold standard of pain control with few serious side effects. Furthermore, NSAIDs are not recommended for patients with renal insufficiency which further limits the nonopioid options in these patients. Others have reported on the feasibility of performing ureteroscopy without prescribing opioids with success.⁵ This study adds to growing data that even small exposures can cause patients to become persistent users.⁴ While opioids may be needed in some patients after ureteroscopy, urologists should discuss the risks of opioids compared to the benefits with patients.

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