Perioperative Pain Protocol

PERIOPERATIVE PAIN PROTOCOL FOR ELECTIVE SPINE SURGERY PATIENTS: NEUROSURGERY & ORTHOPEDICS

Patients on chronic opioids develop tolerance. Their opioid receptors increase, but are saturated. Therefore, increasing doses of opioids is generally ineffective at controlling pain. When there is additional acute pain from surgery, increased dosing of opioids is ineffective because there are no open opioid receptors.

One way to address this problem is to taper down opioids prior to surgery. This is often counterintuitive to the patient whose reason for surgery is to treat their pain. However, it is thought that tapering can reduce the risks of (1) poorly controlled post-operative pain, (2) decreased likelihood for improved pain levels after surgery over the short and long term, and (3) increased length of stay in the hospital.

The following protocol screens "at risk" patients taking greater than 60 milligrams of morphine equivalents (MME) of opioids with the goal to taper below 60 MMEs or 50% of current MMEs (whichever is greater) prior to surgery. Our goal is to optimize patients' likelihood for better post-surgical pain control and improve outcomes. We recommend this protocol once a patient is evaluated by a surgeon and spine surgery is recommended. When patients agree to taper down their opioids, we advise that spine surgery should be booked at least one month out to optimize pain control after surgery.

1. Medical assistants should **record medications and dosing of opioids** in an average day over the 2 weeks prior to the office visit.
2. **Physicians, APPs, and Nurses review MME calculation** through EPIC, MAPS, or by using an opioid conversion calculator. Total MME value should be included in all office visit encounters (and other encounters, as needed).
3. **Physicians, Nurses, APPs or MAs to run a MAPS screen on all patients** to evaluate for multiple providers prescribing medications and discrepancies between prescribed and reported opioid use.
4. Any patients on **Suboxone or Methadone** must be **referred to the Pain Service**
5. **Surgeon & team to counsel patients taking greater than 60 MME:** patients to taper down opioids prior to surgery for the least postoperative pain and best short and long-term outcomes. **Patient's verbal understanding and agreement to taper opioids should be included in office visit encounter by adding the following smart phrase: *.opioidagreement*.**
6. **Counsel patients and caregivers to taper opioids** by 10-20% of initial dose each week, as tolerated. Counsel about signs of opioid withdrawal that should prompt contacting their provider to prescribe a slower taper. Decrease long-acting medications first, then short-acting.
7. Goal is to **decrease opioids to below 60 MME or 50% of current MME (whichever is greater).** Options for taper:
   - **Taper recommended through prescribing provider** – The surgical team should discuss this directly with the provider and send a telephone encounter (to our internal providers) or letter/FAX (to our external providers) indicating the need for assistance with tapering. **Smart phrase for telephone encounter: *.opioidtaper*. Name of letter template: *HFHS OPIOID TAPER RECOMMENDATION (see attached).***
   - **If help is needed with the taper, provider may call Pain Doctor Advice line 313-916-1706 or may refer patient to our Pain Clinic by placing a referral in EPIC**. May add taper recommendations to the telephone encounter or template letter drafted to the prescribing provider. Complicated cases can be referred to the Pain Service.
8. Offer **multimodal analgesia with Gabapentinoids, Acetaminophen, and NSAIDs** for preoperative patients either through the surgeon or opioid-prescribing. **Please note: Patients are advised to avoid NSAIDS for up to**

1-2 weeks prior to surgery. If patient is undergoing a fusion surgery, patient should continue to avoid NSAIDS for up to 3 months after surgery as these may delay bone fusion.

- If no contraindications, titrate gabapentin: week 1 - 300 mg PO QHS, week 2 - 300 mg PO BID, week 3 (if tolerating) - 300 mg PO TID. *Higher dosing may be prescribed depending on existing dosing, renal function and side effects. Lyrica is also an alternative.*

9. **Prior to date of surgery, support staff to obtain clearance/confirmation of opioid taper from prescribing provider and document in Epic.**
10. Have **patient sign an opioid agreement** that they will only obtain opioids from a single, designated provider for maximum of 12 weeks after surgery:
    - Link to the *"Patient and Healthcare Team Medication Management Agreement"*:

https://onehenry.hfhs.org/documentcenter/_layouts/15/WopiFrame.aspx?sourcedoc=/documentcenter/Business%20Units%20%20Departments/Patient%20and%20Healthcare%20team%20medication%20management%20agreement.docx&action=default&DefaultItemOpen=1

11. For **subacute/chronic surgical patients without a progressive neurological deficit**: Spine surgery will be conditional based on agreement to participate in the opioid taper. **We recommend delaying elective spine surgery by at least 4 weeks**, depending upon the starting MME usage.
12. **Spine Coordinator** to **email APPs, residents and spine surgeons to place an inpatient pain consult** for "at risk" patients after spine surgery to assist with post-operative pain control.
    - This **consult is for patients taking greater than 60 MME** on the day of surgery. Consult to be placed in the PACU by the surgeon or resident or APP.

Dear X,

Thank you for allowing us to participate in the care of X at Henry Ford Health System. Our spine team, in conjunction with X, has made the decision to proceed with spine surgery. We are truly looking forward to providing exceptional care, throughout the entire perioperative spine surgery experience.

We are reaching out to you, as we have identified that X is currently taking high doses of opioid medications. Currently we have a systemwide pain protocol to reduce opioid dosing prior to spine surgery – we have found that reduction in medication promotes better outcomes, including better pain control after surgery, early ambulation after surgery, and timely discharge from the hospital. We firmly believe, and have retrospective evidence, that our patients are overall more satisfied with their surgical experience, and have better pain scores following surgery if they are tapered from opioids prior to surgery.

We request your support and partnership to taper X's opioids below 60 MME or 50% of current MME (whichever is greater). Your assistance with this taper will help improve the spine care experience for X.

X has been informed of the above and has agreed to follow through with the recommendations.

Our pain service has recommended the following general advice :

1. *Begin tapering opioid medications by 10-20% each week: start with long-acting opioids first, and then tape short-acting opioids.*
2. *While tapering opioids, consider multimodal analgesia with Gabapentinoids, Acetaminophen, and NSAIDS (if not already taking, and no contraindications):*
    - Gabapentin: Starting dose week 1 - 300 mg PO QHS, week 2 - 300 mg PO BID, week 3 (if tolerating) - 300 mg PO TID; progressively increase q2 weeks if needed
    - Lyrica: Starting dose week 1 – 50 mg PO QHS, week 2 – 50 mg PO BID; progressively increase q2 weeks if needed
    - Other alternatives: Nortriptyline and Amitriptyline, Duloxetine, Carbamazepine, Trileptal

Please note: Patients are advised to avoid NSAIDS for up to 1-2 weeks prior to surgery. If patient is undergoing a fusion surgery, patient should continue to avoid taking NSAIDS for up to 3 months after surgery as these may delay bone fusion.

Please refer to the following link from the U.S. Department of Health and Human Services for additional guidance to taper: https://www.hhs.gov/opioids/sites/default/files/2019-10/Dosage_Reduction_Discontinuation.pdf.

If additional help is needed to decrease opioid dosing, we ask that you refer X to our Pain Service at Henry Ford Health System. To schedule an appointment call, 1-800-HENRYFORD.

Once patient has successfully tapered their opioid as indicated above, please send our office a brief note indicating confirmation or clearance and please indicate on note the updated total daily MME.

Thank you, again, for your partnership.