

A Prospective Randomized Study Analyzing Preoperative Opioid Counseling in Pain Management After Carpal Tunnel Release Surgery

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Disclosures for this Article

Editors

Jennifer Moriatis Wolf, MD, has no relevant conflicts of interest to disclose.

Authors

All authors of this journal-based CME activity have no relevant conflicts of interest to disclose. In the printed or PDF version of this article, author affiliations can be found at the bottom of the first page.

Planners

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Learning Objectives

Upon completion of this CME activity, the learner should achieve an understanding of:

- The gravity of the issue and implications of opioid use and abuse in medicine and surgery
- Pain medicine requirements after carpal tunnel release surgery
- Options for preoperative pain management counseling

Deadline: Each examination purchased in 2017 must be completed by January 31, 2018, to be eligible for CME. A certificate will be issued upon completion of the activity. Estimated time to complete each JHS CME activity is up to one hour.

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Purpose Prescription opioid misuse has become increasingly prevalent in the United States. Preoperative opioid counseling has been proposed to decrease opioid consumption after surgery. This study aimed to evaluate the effect of preoperative opioid counseling on patients' pain experience and opioid consumption after carpal tunnel release (CTR) surgery.

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Methods A prospective comparison of consecutive patients scheduled to undergo CTR surgery was conducted. Patients were randomized to receive either formal preoperative opioid counseling or no counseling. All operations were performed with the same mini-open CTR surgical technique, and the same number of opioids were prescribed after surgery. Daily opioid pill consumption, pain levels, and any adverse reactions were recorded.

Results During the day of surgery and the first day following surgery, patients in the group with counseling reported significantly fewer prescribed opioid pills consumed compared with patients in the group without counseling, while experiencing no significant difference in pain level experience. In addition, patients in the group with counseling reported a significantly lower number of total pain pills consumed over the course of the study than the group without counseling. No major adverse reactions were noted in either group.

Conclusions Preoperative opioid counseling was found to result in a significant decrease in overall opioid consumption after surgery. (*J Hand Surg Am.* 2017;42(10):810–815. Copyright © 2017 by the American Society for Surgery of the Hand. All rights reserved.)

Type of study/level of evidence Therapeutic II.

Key words Opioid, counseling, carpal tunnel.



PRESCRIPTION OPIOID ABUSE HAS BEEN a paramount issue in recent years because of its dramatic increase in prevalence in the United States and the negative effects associated with this increase to society at large.^{1–5} Between the years 1999 and 2010, rates of opioid sales, deaths, and treatment admission have each more than tripled.¹ In the same period, overdose deaths from pharmaceutical opioids represented the highest relative increase of overdose death rates among all drug types in the United States, with a nearly 4-fold increase.² In total, there were 238 million narcotic analgesic prescriptions made in the United States alone in 2011, with oxycodone and hydrocodone making up the majority.³ Many common elective and trauma-related orthopedic procedures have been identified as potentially resulting in prolonged opioid use, including carpal tunnel release (CTR) surgery, for which 76% of patients filled at least 1 prescription for opioid analgesics and 14% filled a prescription beyond 90 days after surgery.⁴ Despite the already high rate of opioid use following common orthopedic surgeries, opioid prescribing for these interventions continues to increase and inadvertent overprescribing is a common phenomenon.^{5,6}

Various methods have been explored to decrease the misuse and abuse of prescription opioids in the past decade. One such method is preoperative “opioid counseling,” which consists of educating patients on the effects and risks of opioid use, recommending appropriate opioid usage, and discussing alternative nonopioid pain treatment options. It has been shown

that the counseling should be given as early as possible in the patient’s surgical care and/or hospital stay because a rushed education at discharge may be less effective.⁷ Orthopedic trauma patients who were counseled before surgery to cease opiate use by 6 weeks were found to be significantly more likely to do so than those without counseling.⁸ However, these findings have not been validated in hand surgery nor have they been shown to consistently affect opioid utilization patterns after surgery. Moreover, it is important to understand that patients receiving prescription opioids are a heterogeneous group, and certain subsets of patients may benefit more from preoperative counseling than others, based on their prior opioid exposure.⁹

The purpose of this study was to assess the effect of preoperative opioid counseling in hand surgery. The study was designed to analyze postoperative opioid use following CTR surgeries performed on patients who received preoperative opioid counseling (the study arm) versus those who did not receive any formal counseling (the control arm). We hypothesized that patients receiving preoperative opioid counseling would use less of their prescribed opioid, and terminate use sooner, than patients who did not receive any counseling.

MATERIALS AND METHODS

After institutional review board approval, a prospective randomized trial of consecutive CTR surgeries performed by the same hand surgery

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