

# Narcotic Prescribing Habits and Other Methods of Pain Control by Oral and Maxillofacial Surgeons After Impacted Third Molar Removal

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**Purpose:** It has been suggested that a source of narcotics used for nonmedical purposes by young adults is the unused opioids prescribed for the management of pain after the removal of impacted third molars. The purpose of the present study was to determine whether oral and maxillofacial surgeons routinely prescribe larger amounts of a narcotic than would generally be needed for adequate postoperative pain control. A secondary goal was to determine whether they use methods other than analgesic drugs to minimize postoperative pain and thereby reduce the amount of narcotic that might be needed.

**Patients and Methods:** An 8-question survey was sent to 100 randomly selected oral and maxillofacial surgeon members of the American Association of Oral and Maxillofacial Surgeons in each of the 6 association districts. The questions asked were related to whether a narcotic was routinely prescribed for patients who have had impacted teeth removed, the most common drug used, and the dosage and number of tablets prescribed. The participants were also asked whether they had pretreated patients with a nonsteroidal anti-inflammatory drug or had prescribed one along with the narcotic, had injected a steroid, or had used a long-lasting local anesthetic postoperatively.

**Results:** Only 2 of the 384 respondents stated that they did not prescribe a narcotic for patients who had had impacted teeth removed. Hydrocodone (5 mg) was the most frequently prescribed narcotic. The number of tablets varied from 10 to 40, but the most common number was 20 tablets. However, 80 respondents (22%) prescribed more, with 40 prescribing 30 tablets. Also, 80% of the respondents injected their patients with a steroid, and 62% injected a long-lasting local anesthetic postoperatively. Only 34% pretreated their patients with a nonsteroidal anti-inflammatory drug, but 66% recommended such use postoperatively.

**Conclusions:** Most oral and maxillofacial surgeons prescribe analgesic drugs of an appropriate type and dosage and use proper adjunctive pain control measures to supplement these drugs. However, our findings also indicated that more than 20% prescribe more tablets than would generally be necessary to control the postoperative pain after the removal of impacted third molars. This could be a source of drug diversion and nonmedical use by young adults and should be avoided.

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The diversion of narcotics for nonmedical purposes has become a serious problem.<sup>1,2</sup> One of the suggested potential sources, particularly among young people, has been the pain medications prescribed by oral and

maxillofacial surgeons after the removal of impacted third molars that are not used completely. The purpose of the present study was to determine whether a tendency exists for oral and maxillofacial

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surgeons to prescribe more doses of a narcotic than would generally be needed for adequate postoperative pain control. A secondary goal was to determine whether methods other than analgesic drugs are routinely used to minimize postoperative pain and reduce the amount of narcotic that might be needed.

## Patients and Methods

In the present institutional review board-approved study, an 8-question survey (Fig 1) was sent to 100 randomly selected oral and maxillofacial surgeon members of the American Association of Oral and Maxillofacial Surgeons in each of the 6 association districts, with a letter stating the purpose of the study, that participation was voluntary, and that all answers would be kept anonymous. The questions were related to whether a narcotic was routinely prescribed for patients who had had impacted teeth removed, the most common drug used, and the dosage and number of tablets prescribed. The participants were also asked whether

they pretreated patients with a nonsteroidal anti-inflammatory drug or prescribed one with the narcotic, injected a steroid, or used a long-lasting local anesthetic postoperatively. Of the 600 questionnaires sent, 384 (64%) were returned, and the results were tabulated and analyzed. Of the 384 returned questionnaires, 300 contained complete answers and 84 were incomplete, but contained some useable data.

## Results

Of the 384 respondents, only 2 stated that they did not prescribe a narcotic for patients who had had impacted teeth removed. The most frequently prescribed narcotics were hydrocodone ( $n = 233$ ), oxycodone ( $n = 55$ ), and codeine ( $n = 5$ ). The most common dosage of hydrocodone prescribed was 5 mg ( $n = 144$ ), but 69 respondents prescribed 7.5-mg tablets, and 20 prescribed 10-mg tablets. Of the 55 respondents who prescribed oxycodone, 50 prescribed 5-mg tablets, 4 prescribed 7.5-mg tablets, and 1

1. Do you prescribe a narcotic for patients who have had impacted teeth removed?  
Yes \_\_\_ No \_\_\_
2. If Yes, which one of the following do you prescribe most often?
  - a. Hydrocodone
  - b. Oxycodone
  - c. Tramadol
  - d. Codeine
  - e. Other (please list) \_\_\_\_\_
3. What dose and how many tablets do you usually prescribe?  
Dose \_\_\_\_\_ No. Tablets \_\_\_\_\_
4. If No, which of the following do you prescribe most often?
  - a. Ibuprofen or other nonsteroidal anti-inflammatory drug \_\_\_\_\_
  - b. acetaminophen \_\_\_\_\_
  - c. aspirin \_\_\_\_\_
  - d. other (please list) \_\_\_\_\_
5. Do you inject a steroid for these patients? Yes \_\_\_ No \_\_\_
6. Do you inject a long-lasting local anesthetic postoperatively? Yes \_\_\_ No \_\_\_
7. Do you pretreat the patient with a nonsteroidal anti-inflammatory drug? Yes \_\_\_ No \_\_\_
8. If you prescribe a narcotic postoperatively, do you also prescribe a nonsteroidal anti-inflammatory drug? Yes \_\_\_ No \_\_\_

**FIGURE 1.** Survey questionnaire.

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