

Study Purpose: To assess opioid prescribing practices of pediatric urologists and patients' subsequent usage, storage and disposal habits in the postoperative period. To use this data to create a Standard Opioid Prescribing Schedule for common pediatric urology procedures.

Abstract:

Introduction: It is estimated that every day in the United States 2500 children 12-17 years of age misuse an opioid for the first time.¹ While our country tries to decrease opioid prescriptions for chronic pain to combat the "opioid crisis," opioid use in the post-surgical population has been largely ignored. Studies looking at postoperative prescribing and usage practices show large numbers of unused opioids remain in homes, accessible for misuse.^{2,3} Most people who misuse opioids access them from their own leftover prescriptions or from friends and family.^{4,5} Our study looks at opioid prescribing practices of pediatric urologists and their patients' subsequent usage, storage and disposal habits in the postoperative period.

Methods: A retrospective chart review was performed over a 3 month period for children ages 0-17 years undergoing a variety of urologic procedures at our institution. 37 charts were reviewed and postoperative opioid prescribing practices were identified. Telephone calls were made to the patient's guardian 2 weeks following their procedure. After verbal consent, a detailed phone survey was completed to assess usage, storage and disposal habits.

Results: Of the 37 charts reviewed, 29 participated in a telephone survey. All patients received an opioid prescription and 24 had it filled. 26 patients were prescribed oxycodone, 1 was prescribed Norco, 1 was prescribed Percocet, and 1 was prescribed Dilaudid. Only 4 patients received counselling on appropriate storage / disposal of opioids. 7 patients ran out of opioid, but only 3 of those patients felt they needed more. 17 patients did not use all of their opioids: 3 disposed the opioid in the trash or sink, 1 did not know where the opioid was, and 13 still had it stored. Of the 13 patients that still had the medication: 8 had not thought about disposing it, 3 did not know how to dispose it, and 2 were saving it for the patient's later use.

Discussion: As our country faces immense personal, societal and economic ramifications associated with opioid misuse, it is imperative that efforts are made to guide prescribing practices and educate patients on appropriate use, storage and disposal of opioids. Our study highlights that the majority of opioids went unused and many remained in the home. Unsecured opioids present a risk to those who live in and visit the home.

Conclusions: Through data driven efforts to guide opioid prescribing and education on appropriate use, storage and disposal following surgery, the supply of opioids available for misuse can be minimized, without eliminating availability for those who truly need them.

Background

Drug overdose = #1 cause of death for Americans under 50 years old

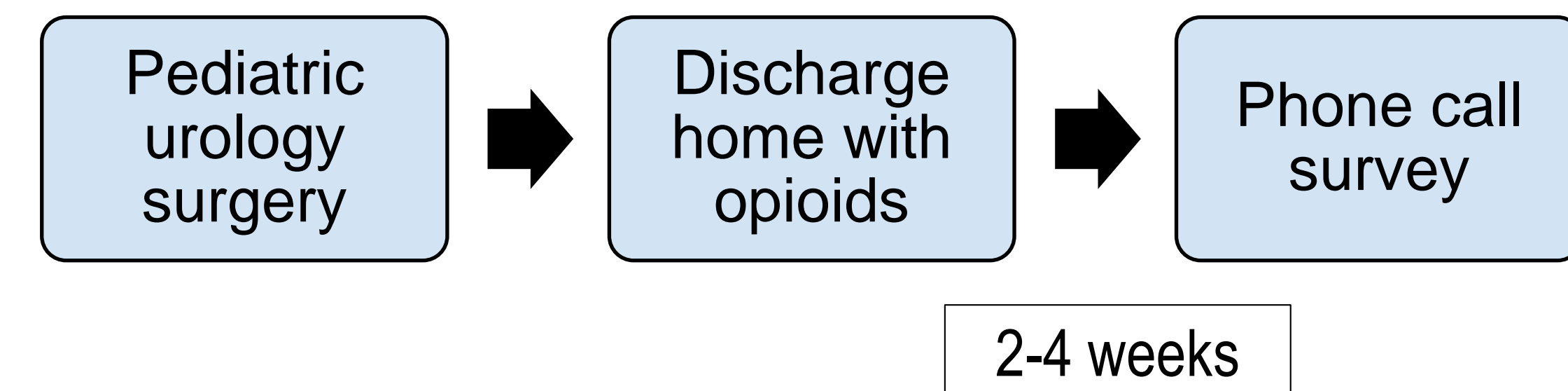
59,000-65,000 people died due to overdose in 2016

Greater than peak annual deaths related to gun violence, HIV, or motor vehicle collisions.^{6,7}



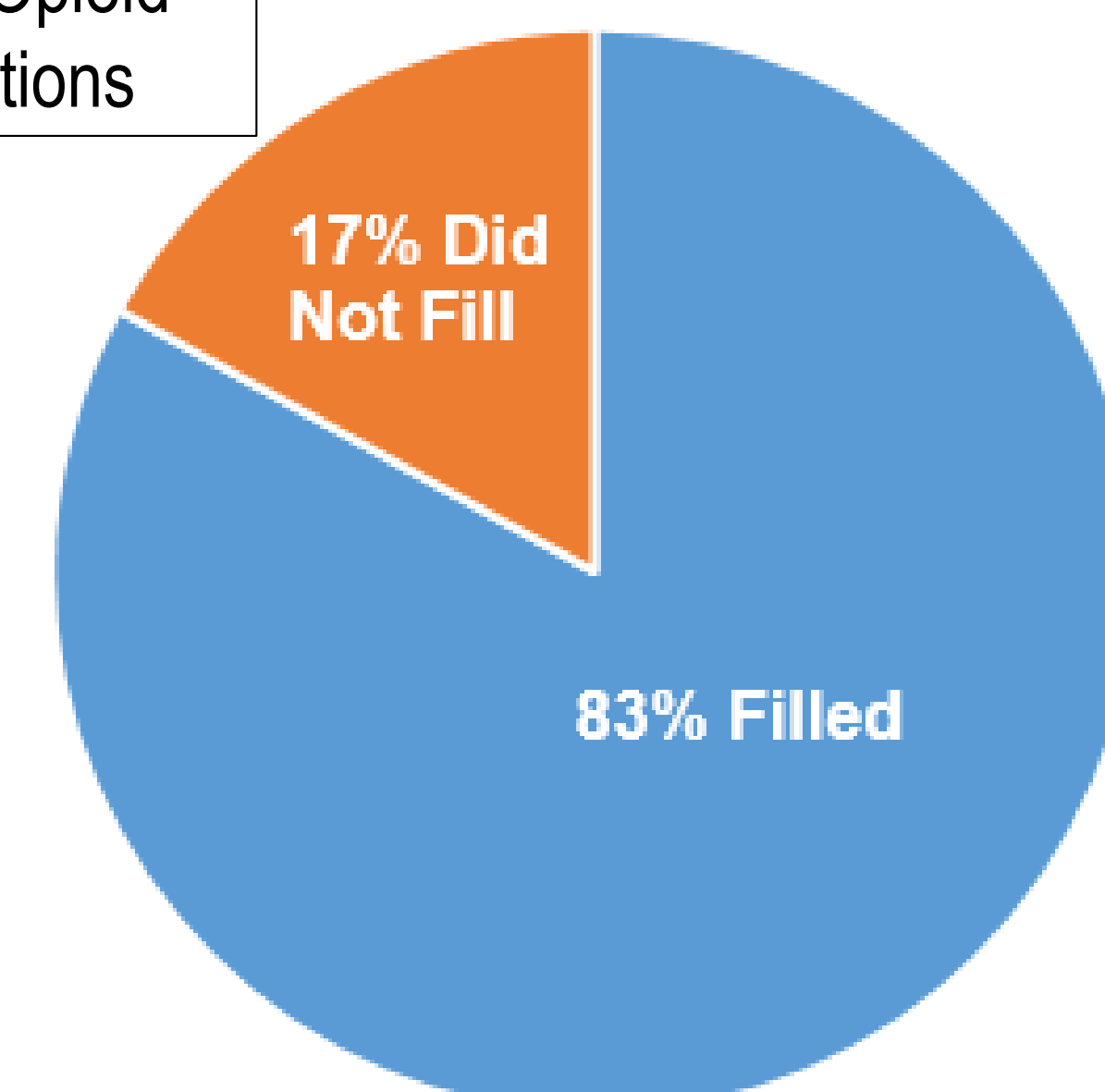
3 opioid-related deaths/day in NC – and many more ED visits and hospitalizations⁸

Methods



Results

Figure 1. Patients' Filling of Opioid Prescriptions



N = 29 patients

Results

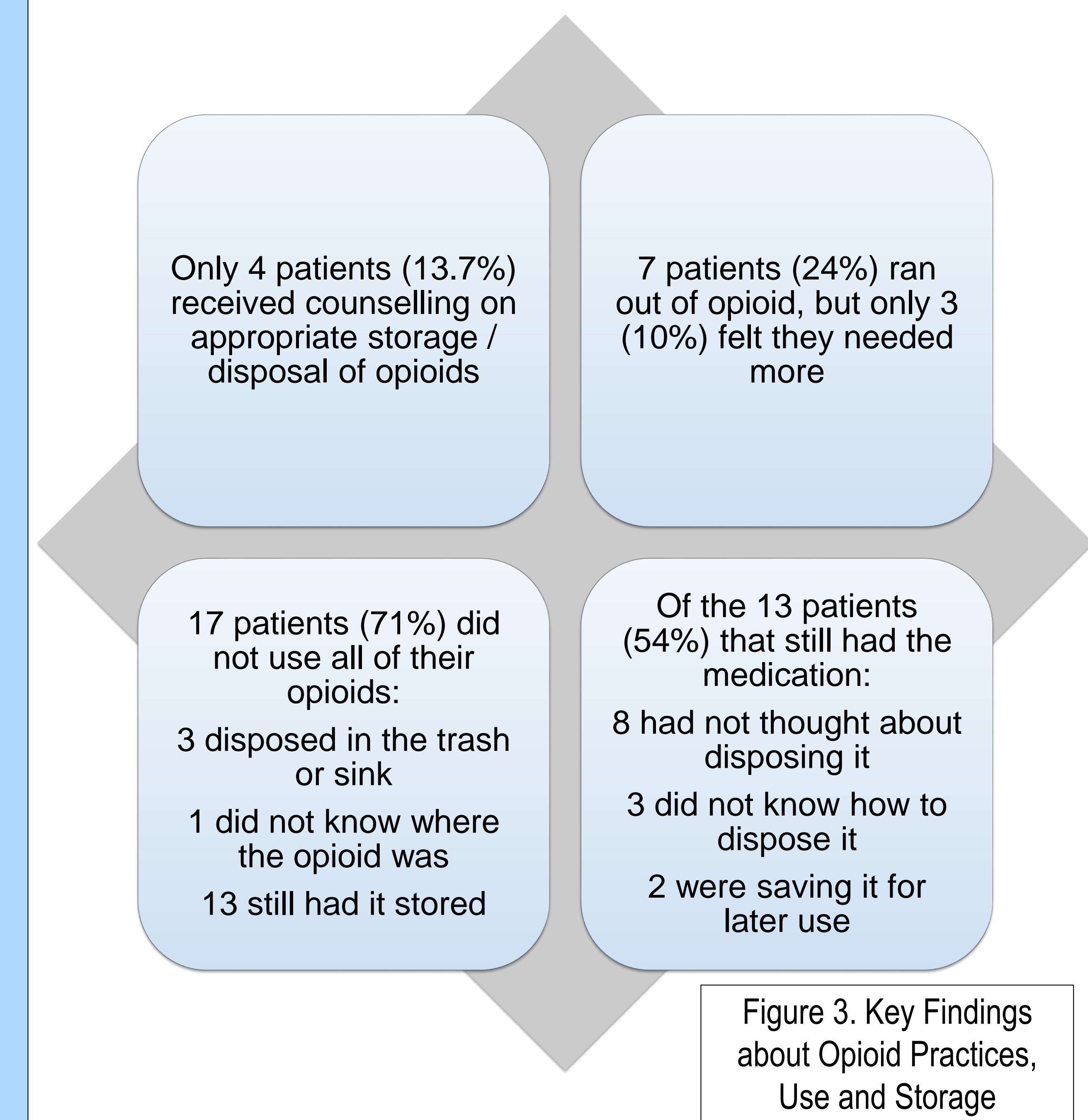
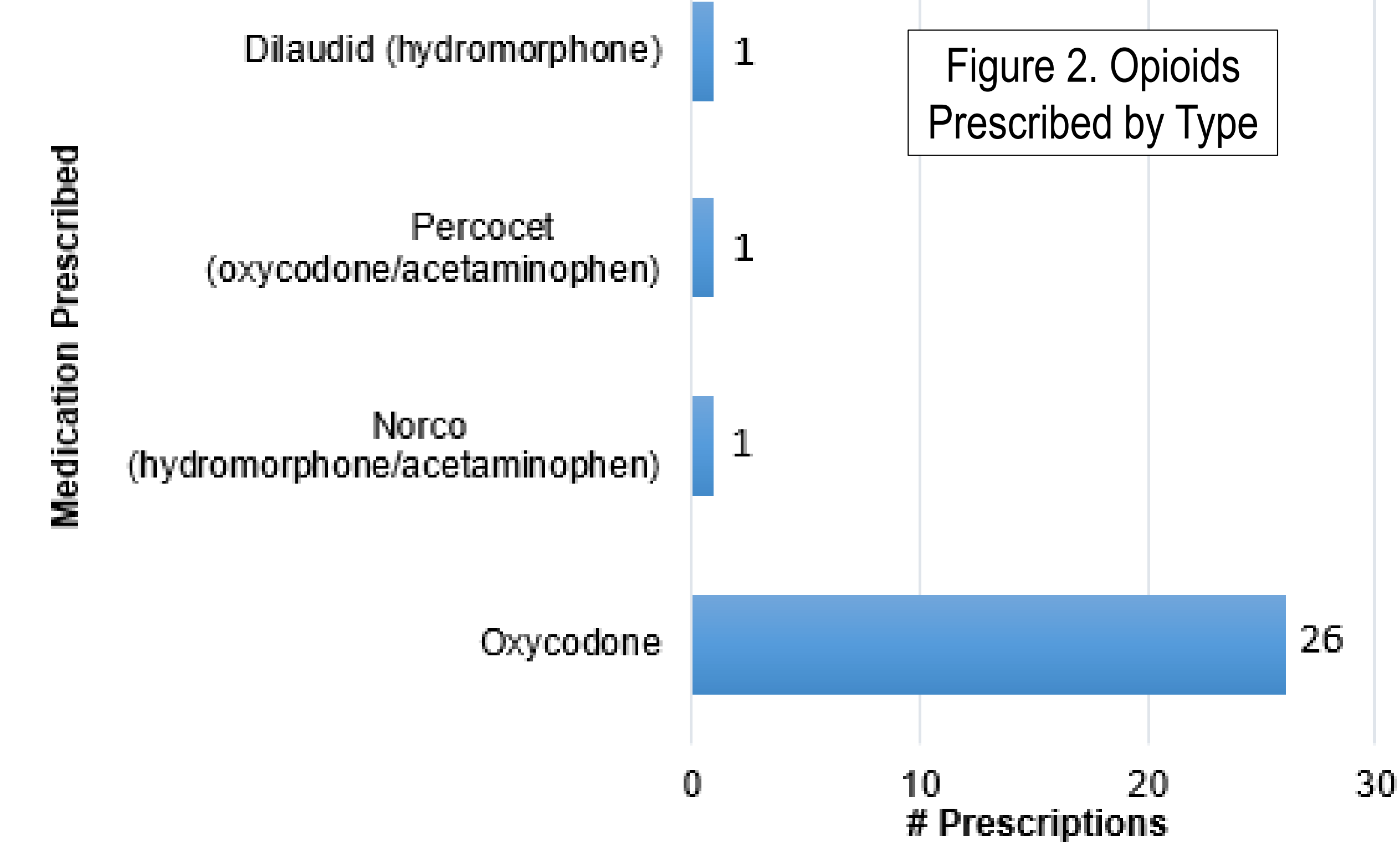


Figure 3. Key Findings about Opioid Practices, Use and Storage

Conclusions

- Patients are not well counseled on appropriate storage and disposal of opioids
- Most patients (76%) were prescribed more opioids than needed for post-op pain
- Unused opioids are being improperly disposed of or kept in homes
- Guidance on surgery-specific opioid prescribing and education on proper use, storage and disposal are needed

Future Directions:

- Evaluate prescribing habits of pediatric urologists by procedure (CPT codes)
- Assess patients' opioid use by procedure
- Create and implement Standard Opioid Prescribing Schedule
- Develop patient education on proper opioid storage and disposal
- Develop provider education about opioid prescribing, pain counseling and non-opioid pain management strategies
- EMR hyperlinks and order sets

References

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