

Guidelines for the use of buprenorphine for opioid use disorder in the perioperative setting

Lynn Kohan ¹, Sudheer Potru ², Antje M Barreveld,³ Michael Sprintz,⁴ Olabisi Lane,⁵ Anuj Aryal,⁶ Trent Emerick,⁷ Anna Dopp,⁸ Sophia Chhay,⁸ Eugene Viscusi ⁹

ABSTRACT

The boards of directors of the American Society of Regional Anesthesia and Pain Medicine, American Society of Anesthesiologists, American Academy of Pain Medicine, American Society of Addiction Medicine and American Society of Health System Pharmacists approved the creation of a Multisociety Working Group on Opioid Use Disorder (OUD), representing the fields of pain medicine, addiction and pharmacy health sciences. An extensive literature search was performed, and a modified Delphi process was used to assess the literature and expert opinion for each topic, with 100% consensus being achieved on the statements and each recommendation. The consensus statements were then graded by the committee members using the US Preventive Services Task Force grading of evidence guidelines. Two core topics were identified for the development of recommendations, with both topics achieving 100% consensus: (1) providing recommendations to aid physicians in the management of patients receiving buprenorphine for medication treatment of OUD in the perioperative setting and (2) providing recommendations to aid physicians in the initiation of buprenorphine in patients with suspected OUD in the perioperative setting. To decrease the risk of OUD recurrence, buprenorphine should not be routinely discontinued in the perioperative setting. Buprenorphine can be initiated in untreated patients with OUD and acute pain in the perioperative setting to decrease the risk of opioid recurrence and death from overdose.

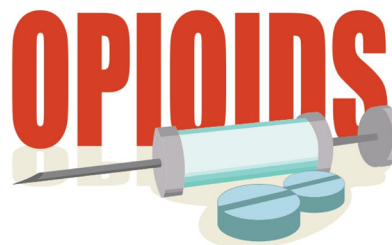
¹Division of Pain Medicine/Department of Anesthesia, University of Virginia, Charlottesville, Virginia, USA

²Department of Anesthesiology/Division of Pain Medicine, Emory University School of Medicine, Atlanta, Georgia, USA

³Department of Anesthesiology, Tufts University School of Medicine, Boston, Massachusetts, USA

⁴Division of Geriatrics and Palliative Medicine, The University of Texas Health Science Center at Houston, Houston, Texas, USA

⁵Department of Anesthesiology, Emory University School of Medicine, Atlanta, Georgia, USA



Opioid Use Disorder (OUD)

- Affects 2.5 million people in the U.S.¹
- Medication for OUD is effective and saves lives.²
- Treatment gaps exist; there's not enough buprenorphine prescribers.
- Death rate is highest for patients with OUD in the first month after hospital discharge.⁴

Opioid Use Disorder Guidelines

Patients taking buprenorphine for OUD:

Grade B
(moderate level of evidence):

PREOPERATIVE:

- Continue buprenorphine at home dose if possible.
- Discontinuing increases risk of harm

Grade B
(moderate level of evidence):

POSTOPERATIVE:

- Use multimodal analgesia.
- Can consider short-acting full mu agonists if needed.

Grade C
(low level of evidence):

POSTOPERATIVE:

- Consider increasing or dividing dose of buprenorphine if needed.

Grade A
(moderate level of evidence):

DISCHARGE:

- If patient's preoperative dose was changed, create a plan, with patient's buprenorphine prescriber, to return to baseline.

Patients with untreated, active OUD:

Grade B
(moderate level of evidence):

PREOPERATIVE:

- Consider starting buprenorphine for analgesia in patients with OUD.
- Provide "warm hand-off" if possible.

Grade C
(low level of evidence):

PREOPERATIVE:

- Can consider buprenorphine initiation, even if follow up has not been established, to treat pain and OUD.

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Chart by Jim Srinivasa

⁶Department of Anesthesiology, VA Tennessee Valley Healthcare System Nashville Campus, Nashville, Tennessee, USA

⁷Department of Anesthesiology, University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania, USA

⁸American Society Health System Pharmacists, Bethesda, Maryland, USA

⁹Department of Anesthesiology, Thomas Jefferson University, Philadelphia, Pennsylvania, USA

Correspondence to Dr Sudheer Potru, Atlanta VA Medical Center, Emory University School of Medicine, Atlanta, Georgia, USA; sudheer.potru@emory.edu

Twitter Lynn Kohan @kohanlynn and Sudheer Potru @SPotruDO

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ORCID iDs

Lynn Kohan <http://orcid.org/0000-0003-0407-806X>

Sudheer Potru <http://orcid.org/0000-0002-7081-1154>

Eugene Viscusi <http://orcid.org/0000-0003-0260-4396>

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