

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

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**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.

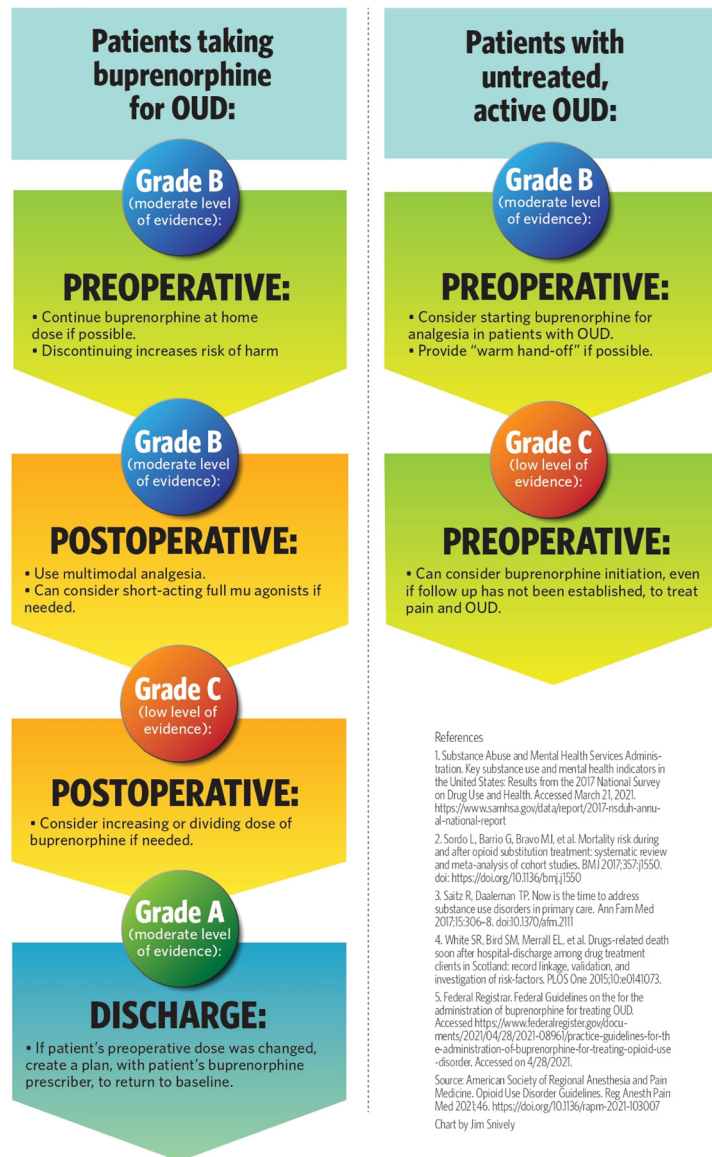
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**Opioid Use Disorder (OUD)**

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

## Opioid Use Disorder Guidelines



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 Chart by Jim Srinivasya

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