

Appendix D

Summary of Working Group Recommendations

Perioperative Management of a Patient on Buprenorphine for OUD

Preoperative Planning

Grade B, Moderate Level of Certainty

- Buprenorphine should not be routinely discontinued preoperatively
- Discontinuing Buprenorphine can increase risk of OUD or harm
- In most cases, avoid tapering buprenorphine prior to surgery

Intraoperative and Postoperative Planning

Grade B, Moderate Level of Certainty

- Multimodal analgesia, including adjunctive medications and regional techniques should be utilized whenever possible
- Consider administration of full mu agonists with high affinity for the mu receptor if needed to achieve adequate analgesia

Grade C, Low level of Certainty

- Consider increasing and/or dividing dosing of buprenorphine to achieve adequate analgesia

Discharge planning

Grade A, moderate level of certainty

- If a full mu agonist is initiated or if buprenorphine is increased during the perioperative period, a post-discharge plan to taper off the full mu agonist or return to the preoperative dose of buprenorphine is recommended.
- Engage in collaboration with the patient's outpatient buprenorphine prescriber if possible.

Perioperative Management of a Patient with an Untreated Active OUD

Grade B, moderate level of certainty

Consider starting buprenorphine for post-operative analgesia in patients with suspected OUD utilizing available social work or ancillary services to help facilitate linkage to outpatient buprenorphine prescribers when possible.

Grade C, low level of certainty

Buprenorphine treatment can still be considered in circumstances in which follow-up/insurance coverage has not been fully established.