ASRA Pain Medicine consensus guidelines on the management of the perioperative patient on cannabis and cannabinoids: an infographic

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SUMMARY

The past two decades have seen an exponential increase in the use of cannabis and cannabinoids in the USA, as a result of both regulatory changes and public interest in possible therapeutic benefits. Patients presenting for surgery are using cannabis and cannabinoids with increasing frequency and guidelines on safe perioperative management are needed. The Cannabis Working Group in the American Society of Regional Anesthesia and Pain Medicine drafted nine key questions that addressed this topic. A 12-member expert panel consisting of anesthesiologists, pain physicians, and a patient advocate used a modified Delphi method to create responses. Selected recommendations from these guidelines are shown in this infographic.

Management of the Perioperative Patient Using Cannabis or Cannabinoids

- Evidence-based recommendations based on extensive literature review and experience of a 12-member expert panel of clinicians and researchers
- Panel consisted of anesthesiologists, chronic pain physicians, and a patient advocate and used a modified Delphi method
- Nine questions and 21 recommendations, all with 100% consensus

USPSTF methodology for grading evidence and recommendations used (A, B, C, D, or I)

- Universal screening for cannabis should be performed prior to surgery: product type, amount and frequency, time and route of last consumption
- We recommend performing preoperative testing in patients who have been37 noted to be at high risk of adverse effects or have a high likelihood of stopping preoperative testing
- Patients should be counseled on the potential risk of continued perioperative complications
- A cannabinoid antagonist such as dexamethasone should be administered in patients at high risk of adverse effects or who have a high likelihood of stopping preoperative testing


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