

## 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.