

Post-operative NSAID analgesia eligibility and prescribing habits in patients undergoing non-major surgery

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Introduction

Over-prescribing of opioids for acute pain at discharge for those undergoing surgery directly contributes to the international crisis of addiction and inappropriate use. A recent meta-analysis concluded opioid prescribing at surgical discharge did not reduce pain intensity but increased adverse events, thus directing attention to optimisation of opioid-free analgesia.

While non-steroidal anti-inflammatory drugs (NSAIDs) have well-known long-term contraindications, the relative contraindications for short term use post-operatively are unclear and unlikely to pose substantial risk.

Aims

- Identify post-operative NSAID and opioid prescribing habits following non-complex surgery
- Categorise NSAID eligibility

Results

Demographic Data:

- 1015 patients
- 44.1% male
- 54.9% female
- Average BMI of 29.4
- Average age of 54.1 years old

Surgical Team	n	%
Orthopaedics	145	14.9
General	377	38.6
Neurosurgery	117	12.0
Vascular	26	2.7
Plastics	123	12.6
Cardiothoracic	36	3.7
Ear, Nose and Throat	29	3.0
Plastics	123	12.6

Table 1: Surgical specialty team variation.

- 415 patients (40.1%) patients had **NO contraindication (CI) to NSAIDs** yet did not receive any during their admission.
- 221 (21.7%) patients who had **NO contraindication** to NSAIDs and **did not receive NSAIDs** during their admission, **were prescribed opioids on discharge**.
- 338 (33.3%) patients did not receive NSAIDs in the 24 hours prior to discharge, yet were prescribed opioids – **would these have been required if NSAIDs were utilized?**

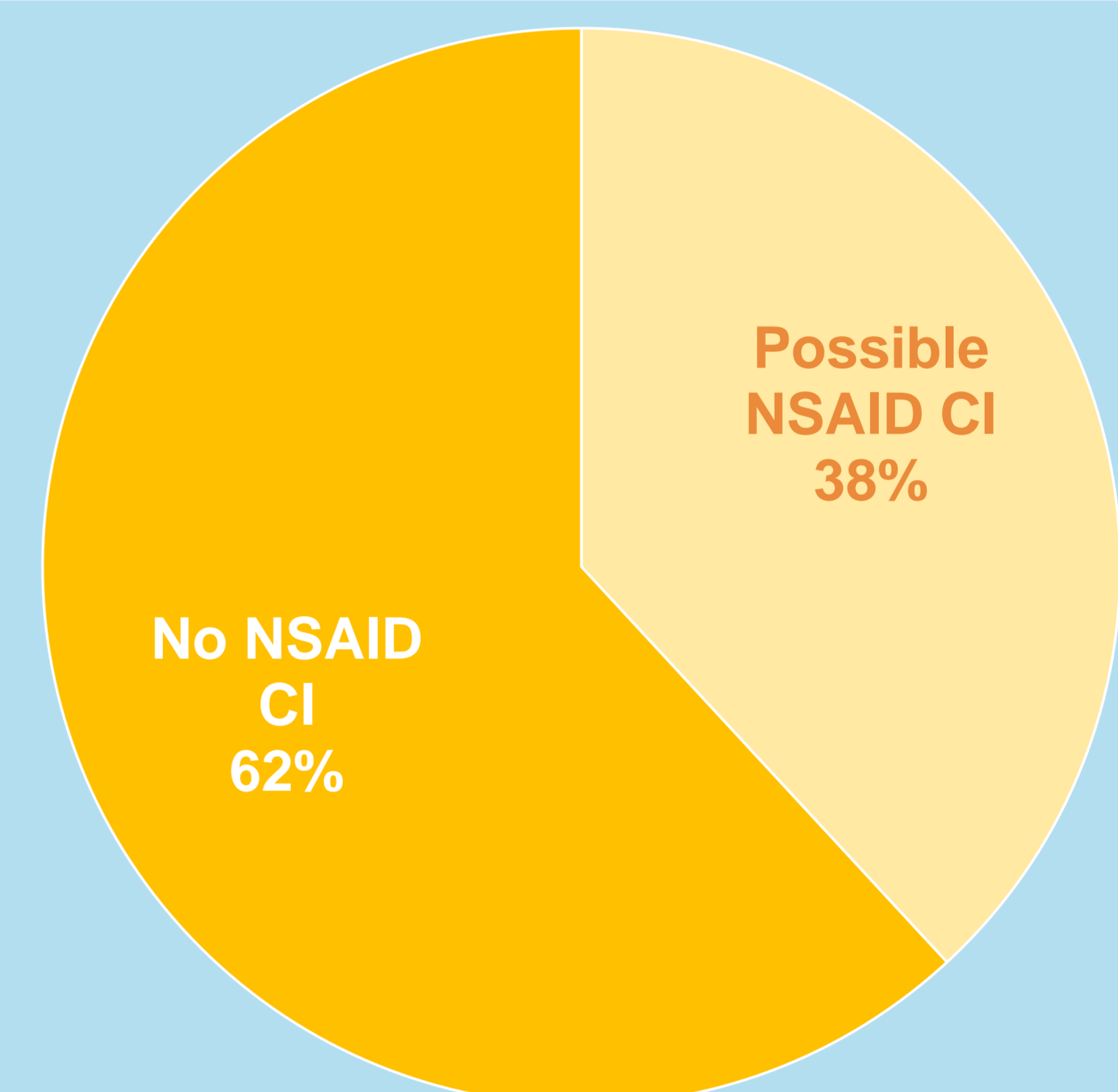


Figure 1 – NSAID Eligibility

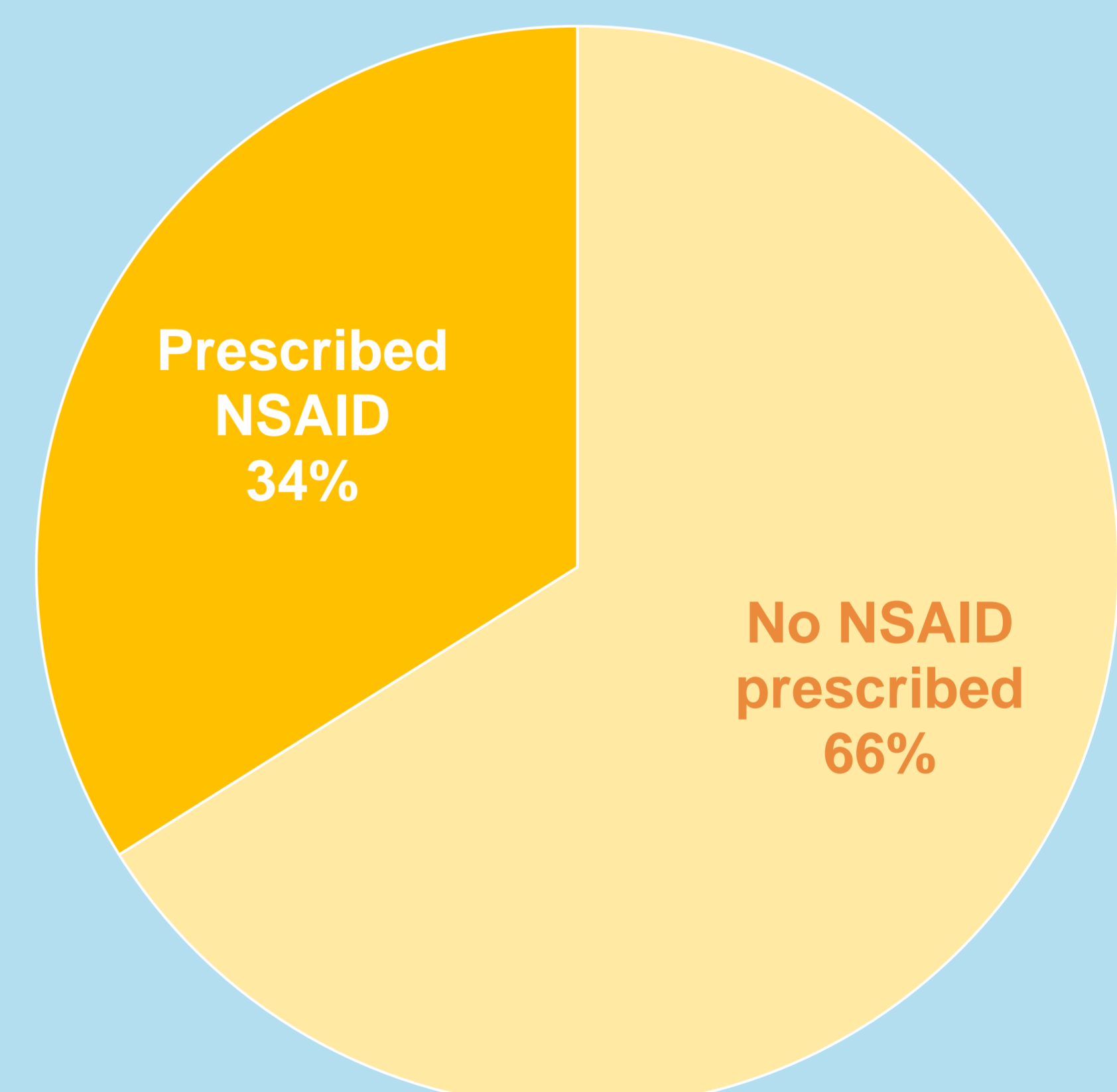


Figure 2 – Proportion of patients with no NSAID CI who were prescribed while inpatient.

Method

This retrospective observational study assessed patients admitted to a major tertiary hospital undergoing non-complex surgery (length of stay 1-4 days post-operatively) over a 1.3-year period. Data collection from the digital health network included medical history, adverse drug reactions and renal function, among other patient specific factors. Medication use pre-operatively, intra-operatively, during the final 24-hours before discharge and medicines prescribed or recommended on discharge were collected. Patients were categorised based on procedure, surgical speciality and NSAID eligibility. NSAID eligibility was categorised as contraindicated, potentially contraindicated or not contraindicated.

Discussion

Post-operative NSAID use remains an underutilised analgesia option and it is unclear if this subsequently influences discharge opioid prescribing. There is scope to improve post-operative NSAID usage with a view to decreasing post-operative opioid prescribing.

For more information

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