

# Evaluation of opioid supply and information provided to patients after discharge from surgery

Ian Fong<sup>1</sup>, Chin Hang Yiu<sup>2</sup>, Matthew Abelev<sup>2</sup>, Sara Allaf<sup>2</sup>, David Begley<sup>3</sup>, Bernadette Bugeja<sup>3</sup>, Kok Eng Khor<sup>3</sup>, Joanne Rimington<sup>4</sup>, Jonathan Penm<sup>1,2</sup>

1. Pharmacy Department, Prince of Wales Hospital  
 2. School of Pharmacy, Faculty of Medicine and Health, The University of Sydney  
 3. Department of Pain Management, Prince of Wales Hospital  
 4. District Pharmacy Services, South Eastern Sydney Local Health District  
 Contact details: Ian.Fong@health.nsw.gov.au



## Background and Aim

- Opioids are commonly prescribed after surgery to manage pain
- Excessive supply of opioids on discharge can increase patients' risk of persistent use and dependence, and even misuse by others
- We evaluated the use of opioids in surgical patients after discharge and their satisfaction with the medicines information they were provided

## Method

### Study setting and participants

- Tertiary referral and teaching hospital
- Adult patients who had undergone surgery
- Prescribed opioids on discharge

### Data collection

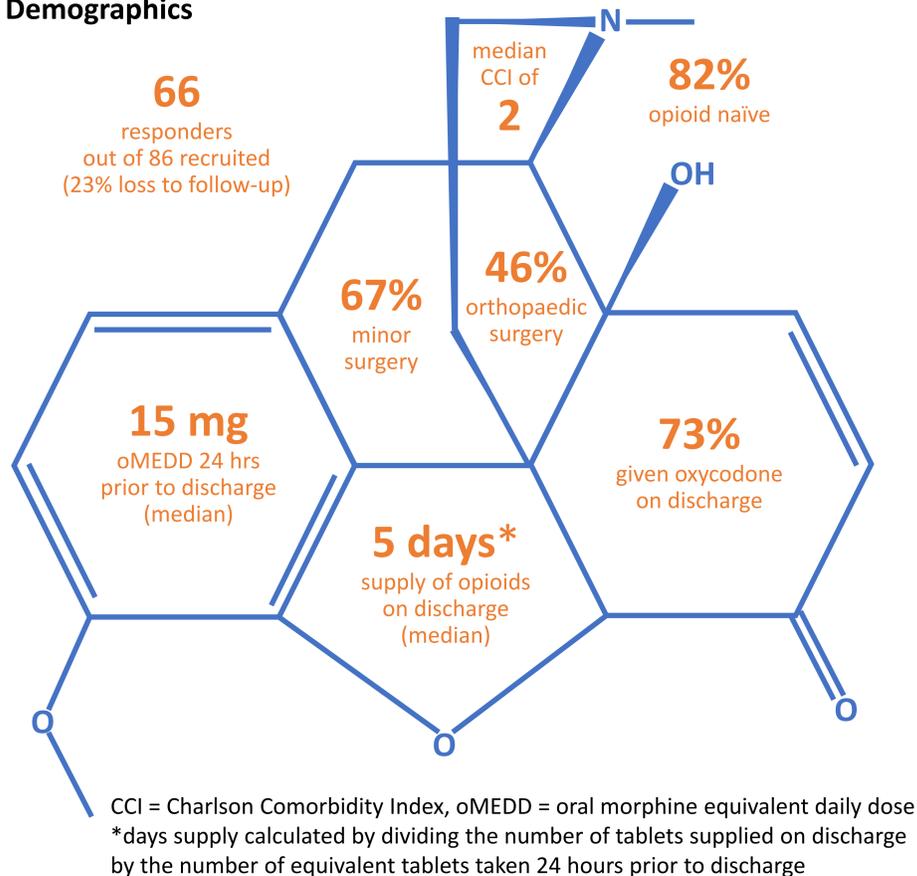
- Telephone interviews 7-28 days after discharge
- Asked about opioid usage and information received<sup>1</sup>
- Data collected from December 2019 to February 2020

### Data collection and analysis

- Medical records to collect patient demographics
- Discharge summaries reviewed for opioid plans
- Descriptive analysis and comparison between specialties

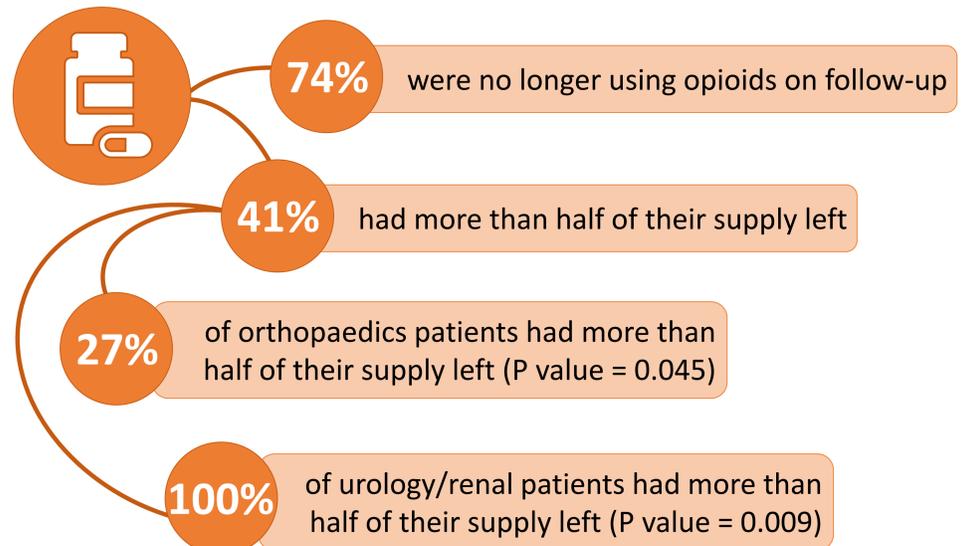
## Results

### Demographics



## Results

### Opioid use and supply



### Opioid information provided on discharge

- 89% of patients reported that they received information about their opioids from either a pharmacist, doctor, nurse or combination of them
- 39% of patients received information from a pharmacist
- 74% received verbal information and 30% received written information



49% patients received "the right" amount of information about how to take the opioid (what it is for, how to use it, how long to take it for)

23% patients received no information about side effects

52% patients received no information about signs of opioid toxicity and interactions with alcohol

### Opioid management plan on discharge

24 patients (36%) had a documented opioid management plan in their discharge summary



16 discharge summaries recommended the "GP to review pain or opioids"

8 discharge summaries had specific recommendations (e.g. wean dose, stop after a certain number of days)

## Take home message

This study identified three key areas where practice could be improved to reduce risk of harm from opioids:

1. The amount of opioids supplied on discharge is often excessive. Future interventions should also target less common specialties.
2. Many patients are given suboptimal information on opioid analgesics, especially in regard to side effects and toxicity.
3. Appropriate documentation of an opioid management plan in the discharge summary is often lacking, which could impact patient care.

Adapted version of SIMS survey

