

Medical College of Wisconsin Department of Urology



Is Opioid-Free Post-Vasectomy Analgesia a Pain? A Single Surgeon Experience

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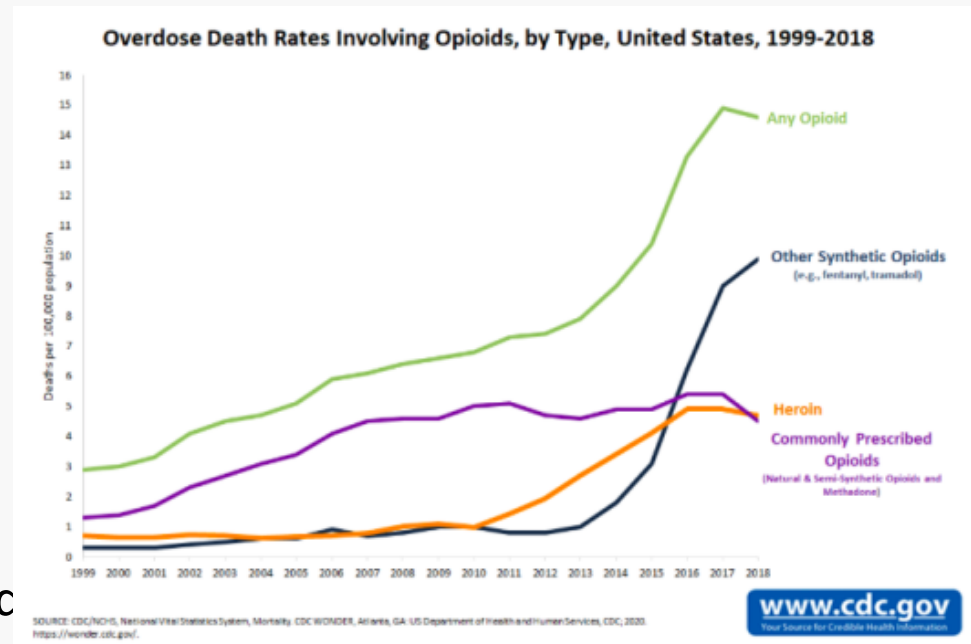
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Medical College of Wisconsin, PGY5

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- Nothing to disclose

Urologists Play a Role in the Opioid epidemic

- 2018 AUA position statement – “urologists have a responsibility to minimize their patients' pain and also address serious risks of overprescribing opioids.”
- ~70% of patients prescribed an opioid after urological surgery had pills left over^{1,2}



Vasectomy and Pain

- Vasectomy is most common urologic procedure in the US^{3,4}
- Pain control is one of the primary concerns for patients during and after vasectomy^{5,6}
- 51.5% of urologists prescribe opioids after vasectomy⁷
- Increased risk of long-term use in patients receiving opioids after vasectomy^{8,9}

TABLE 1

Patients' self-reported reasons for anxiety.

Reason	No. of respondents (%)
Pain *	12 (27)
Unknown	10 (23)
Fear of the surgery itself	4 (9)
Complications from the surgery	3 (7)
General anxiety	2 (5)
Someone will make a mistake	2 (5)
Being "cut on"	2 (5)
Finality of the procedure	2 (5)
"Side effects"	1 (2)
"Age"	1 (2)
"Doctors in general"	1 (2)
"Lack of information"	1 (2)

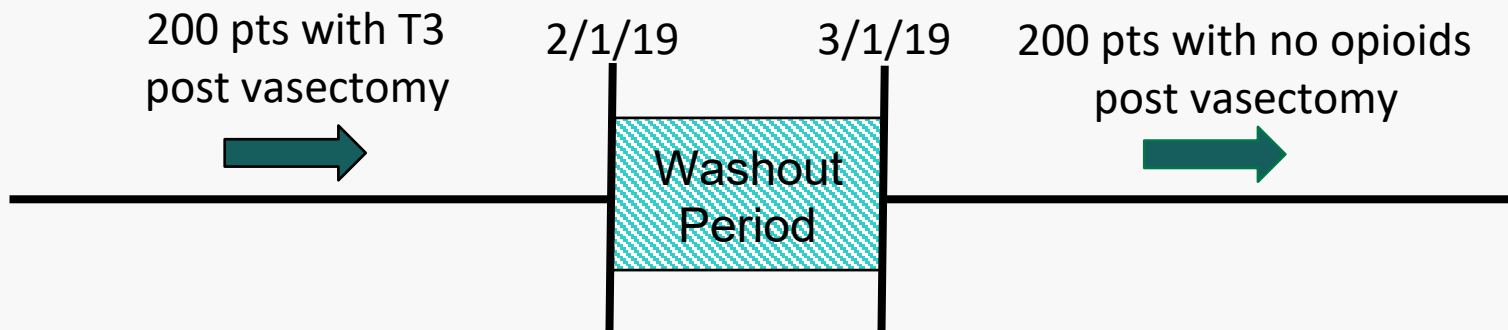
Sandlow. Psychology of vasectomy. Fertil Steril 2001.

Changing Post-Vasectomy Analgesia

- Concern for the effect on both patients and the practice
- To limit opioid prescriptions in our practice, a large volume vasectomy surgeon changed his practice in February 2019 to no longer routinely prescribe opioids after vasectomy.
 - Tylenol 3s were only prescribed at request of patient
- **The aim** of the study is to determine the rate of subsequent opioid prescriptions after this transition and the association with unplanned health encounters
- Hypothesize that we would not see a difference in pain related unplanned encounters

Study Design

- Retrospective pre/post study of outcomes s/p no-scalpel vasectomy by single surgeon
- Previous opioid regimen: #15 Tylenol 3s (acetaminophen with codeine)
- After February 1: scheduled Tylenol and ibuprofen
- Exclusion Criteria
 - Pain contracts / opioid abuse
 - General anesthesia / sedation
 - Concurrent procedures
- Outcomes
 - Requested narcotics at time of discharge or subsequent orders
 - Unplanned health encounters related to pain from the vasectomy within 30 days of procedure



Patient Characteristics

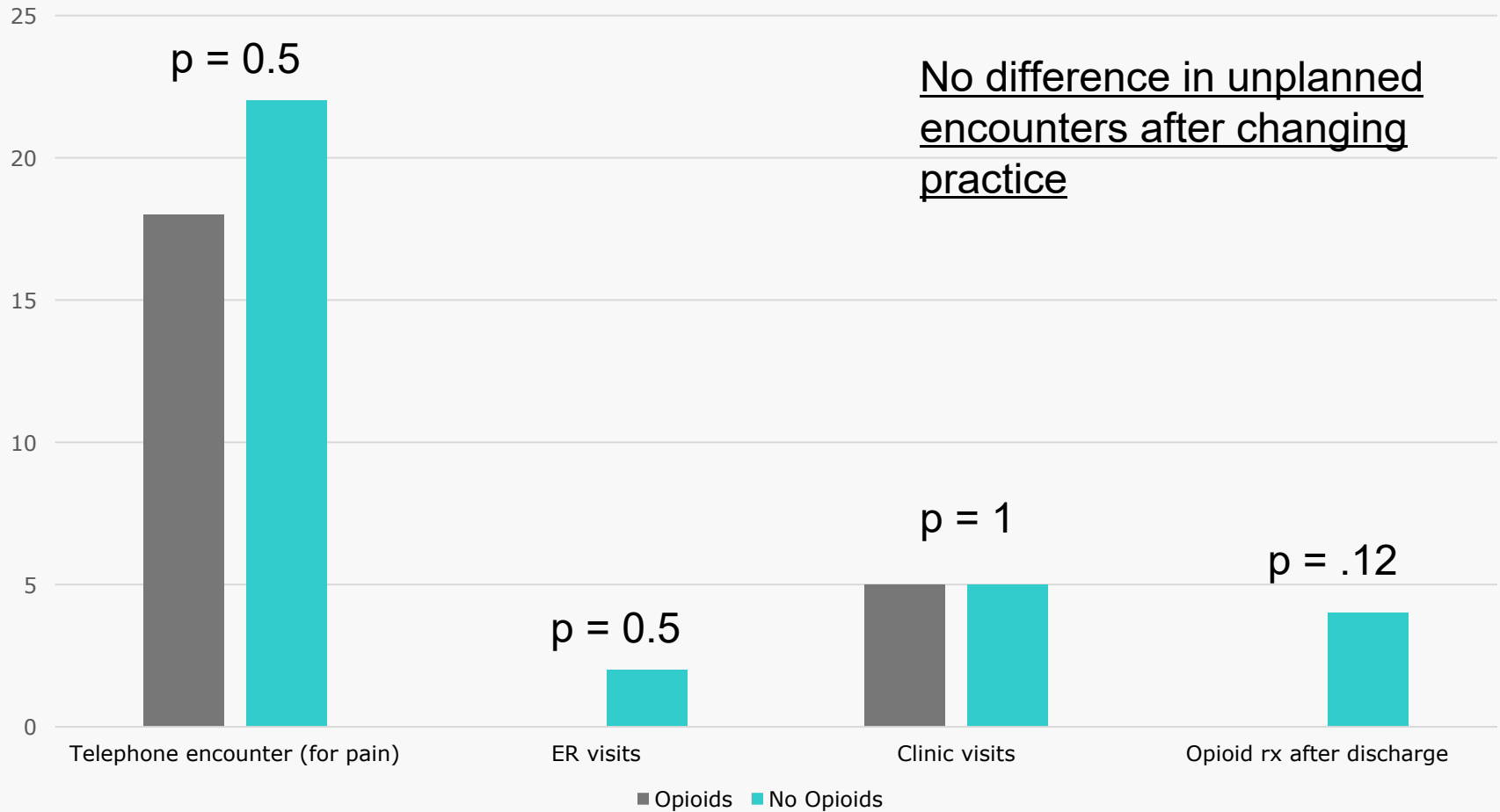
- No difference in socioeconomic factors

	Opioids	No Opioids	P value
Age (SD)	37.38 (5.28)	37.6 (5.32)	0.69
BMI (SD)	28.6 (4.5)	29.2 (5.6)	0.27
Race (%)			
White	182 (91)	178 (89)	0.77
Black	10 (5)	15 (7.5)	
Latino	6 (3)	5 (2.5)	
Other	2 (1)	2 (1)	
Marital Status (%)			0.51
Single	18 (9)	22 (11)	
Married	182 (91)	178 (89)	
Insurance (%)			0.17
Commercial	191 (95.5)	192 (96)	
State	5 (2.5)	1 (0.5)	
Medicare	2 (1)	1 (0.5)	
Medicaid	2 (1)	6 (3)	

- No difference in history of chronic pain, opioid use or GU surgery

	Opioids	No Opioids	P value
Chronic Pain (%)	23 (11.5)	13 (6.5)	0.11
Previous of Opioid Use (%)	7 (3.5)	2 (1)	0.18
Previous Scrotal Surgery (%)	3 (1.5)	6 (3)	0.5
Previous Inguinal Surgery (%)	18 (9)	13 (6.5)	0.45

Unplanned Encounters



Additional Findings

- 2% of patients in the no opioid cohort requested a prescription prior to discharge from procedure
- An additional 2% of patients were prescribed a narcotic pain medication as an intervention for a pain related phone call or visit
 - 1 of these 4 patients did have a history of chronic pain NOT managed with opioids

Discussion

- First pre/post opioids study comparing outcomes after vasectomy
- Other strengths
 - Single Surgeon
 - General Population
- Limitations
 - Lack data on opioid consumption in “pre” cohort
- >96% of men have adequate pain control after vasectomy without opioid analgesia
 - Important to discuss with patients at pre vasectomy clinic visit, as most common source of anxiety related to vasectomy is pain
 - Proper counseling / setting expectations is key
- With this single surgeon performing ~500 vasectomies/year, and 4% prescribing rate, this prevents over 7000 doses of T3 from being dispensed annually

Conclusions

- Changing to non-opioid post-vasectomy analgesia does NOT appear to increase unplanned post procedure encounters
- 4% of patients receiving an opioid prescription at time of discharge or within 30 days of the procedure is an acceptably low number

Our Recommendation

Based on our data, we have permanently discontinued the routine use of opioids for post-vasectomy analgesia. Other physicians performing vasectomy should consider making this change as well.

IT IS NOT A PAIN.

References

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