Introduction and Objective:
- Overprescription of opiate pills is a major problem
- We prospectively recorded opiate pill use at 2 institutions and enacted new standard prescription quantities
- We hypothesized that decreasing quantities of opiates prescribed would decrease the use of opiates

Methods:
- All patients discharged after robotic radical prostatectomy (RALP) or robotic partial nephrectomy (RAPN) were given a home pain pill recording sheet which was then collected at the first post-op visit
- Discharge prescription protocol was changed to 5 oxycodone pills post-RALP and 15 oxycodone pills post-RAPN based on institutional patient pill use histories

Results:
- A total of 193 RALP and 73 RAPN patients included
- For RALP:
  - 64/137 (47%) pre-intervention (20-30 pills prescribed) patients took zero opiates post-discharge
  - 23/56 (41%) post-intervention patients took zero opiates post-discharge
  - 90/137 (66%) pre-intervention patients took <= 2 pills
  - 37/56 (66%) post-intervention patients took <= 2 pills
- For RAPN:
  - 21/44 (48%) pre-intervention patients took zero opiates post-discharge
  - 10/29 (34%) post-intervention patients took zero opiates post-discharge
  - 34/44 (77%) pre-intervention patients took <=10 pills post-discharge
  - 25/29 (86%) post-intervention patients took <=10 pills post-discharge

An estimated 1,680 excess pills for RALP and 300 excess pills for RAPN were saved by these prescription quantity reductions.

Conclusions:
Most patients take few or zero opiate pills post-discharge after a RALP and few pills after RAPN. Reducing standard prescription quantities decreased excess pills, but did not increase the proportion of patients taking zero pills. To completely eliminate opiate use, zero pill protocols must be established.

Effects of a Reduced Opiate Prescription Protocol on Post-Discharge Pill Consumption

Prescribing fewer opiates decreased excess pills, but did not increase the proportion of patients taking zero pills.

Before and after decreasing standard pill prescriptions, 2/3 of RALP patients took <= 2 opiate pills after discharge; 4/5 of RAPN patients took <= 10 opiate pills after discharge.

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