Recommendations for Opioid Prescribing after Urological Surgery: Evidence Update from the Promoting Opioid Stewardship in Endourology Work Group

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Background
• Procedure-specific guidelines for postsurgical opioid prescribing can facilitate decreased individual overprescribing and alignment with evidence-based recommendations
• We previously introduced consensus prescribing recommendations for 16 endourological and minimally invasive procedures (J Urol. 2020;203:151-158)

Objective
• To incorporate emerging evidence on opioid prescribing in urology into consensus prescribing recommendations

Methods
• A multidisciplinary panel was convened representing 5 stakeholder groups: attending urologists, fellows, residents, advanced practice providers, and patients
• MEDLINE/PubMed was queried with “opioid” or “narcotic” in combination with “urology” or the 16 procedures, and articles published between 10/1/2018 and 10/1/2019 pertinent to opioid use and prescribing patterns were reviewed by the panel
• A three-step modified Delphi method was used to develop and revise recommendations for postsurgical opioid prescribing
• The panel agreed to use oral oxycodone 5 mg equivalents to define the number of prescribed tablets

<table>
<thead>
<tr>
<th>Lower Tract Endoscopy</th>
<th>Upper Tract Endoscopy</th>
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<tbody>
<tr>
<td>Diagnostic cystoscopy</td>
<td>Diagnostic ureteroscopy without stent</td>
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<tr>
<td>Transurethral resection of bladder tumor</td>
<td>Ureteroscopy, lithotripsy, without stent</td>
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<tr>
<td>Transurethral resection of prostate</td>
<td>Ureteroscopy, lithotripsy, with stent</td>
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<td>Laparoscopic and Robotic Surgery</td>
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<td>Radical nephrectomy</td>
<td>Elective stent placement (eg, obstructing stone)</td>
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<td>Partial nephrectomy</td>
<td>0</td>
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<tr>
<td>Simple nephrectomy</td>
<td>PCNL, with stent, without nephrostomy</td>
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<tr>
<td>Pyeloplasty with stent</td>
<td>0–10</td>
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<tr>
<td>Radical prostatectomy</td>
<td>PCNL, with stent and nephrostomy</td>
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<td>Simple prostatectomy</td>
<td>0–10</td>
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Revised Strategies for Opioid Stewardship
1. Approach postsurgical opioid prescribing as a shared decision with patients, including whether patients prefer not to use opioids for pain management
2. Discuss expectations for postsurgical pain management, including stent- and catheter-related symptoms
3. Consider clinical factors that may affect a patient’s expected response to opioids and additional needs of patients with chronic pain or complex pain syndromes
4. Maximize routine use of non-opioid agents, including alpha-blockers and/or anticholinergics in patients with ureteral stents or urethral catheters, unless contraindicated
5. When opioids are prescribed, consider strengths, risks, and side effects of “weak” versus “strong” opioids
6. Assess pre-discharge opioid requirements to anticipate post-discharge needs
7. Query prescription drug monitoring programs where available
8. Provide information to patients about safe storage and disposal of unused opioids
9. Assess patients’ patterns of medication use and sources of pain that may be more effectively managed with non-opioid agents prior to refilling opioids
10. Reevaluate patient outcomes periodically to aid sequential reduction in default prescribed quantities

Revised Recommendations for Postsurgical Opioid Prescribing*

Revised strategies reflect evidence of safe and effective reductions in opioid prescribing after ureteroscopic and robotic procedures
Shared decision-making with patients prior to all procedures and first-time opioid prescribing can strengthen opioid stewardship

Results
• 7 relevant studies were identified: 4 studies on opioid prescribing after ureteroscopy, 2 studies on radical prostatectomy (1 including nephrectomy), and 1 study on transurethral resection of prostate (TURP)
• The panel maintained prescribing ranges for all procedures to allow tailoring quantities to needs
• No increases in prescribed quantities were recommended
• Data on chronic opioid use after surgery supported expanded strategies (below) to incorporate individual risks and preferences prior to first-time prescribing

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*Oxycodone 5 mg tablets or equivalent