Exploring Take Home Opioid Stewardship (ETHOS) in UK Postoperative Patients

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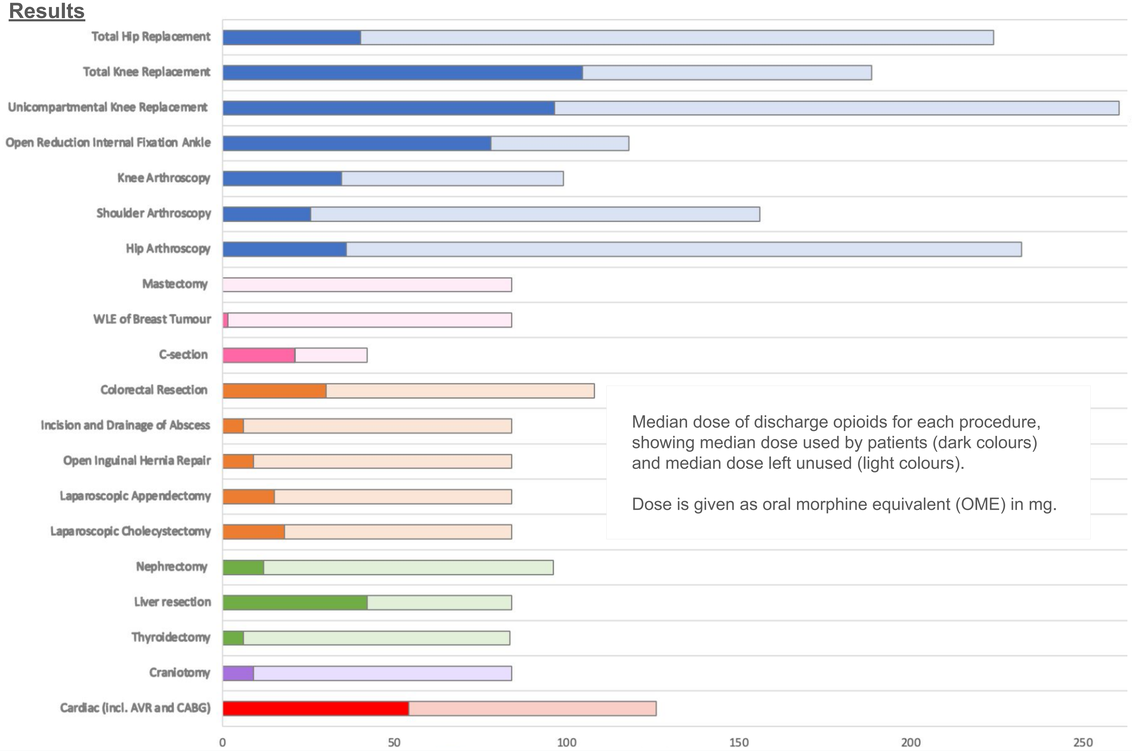
Background and Aims

The United Kingdom (UK) lacks any current data on how much opioid medication surgical patients are prescribed on discharge home, nor on how much they use once they have left hospital. A study by Hill from the United States (US) of common general surgical procedures found that 70% of opioid tablets dispensed on discharge went unused. The significant healthcare and cultural differences between the US and UK preclude any transferable comparisons to our population. We used patient data from Oxford University Hospitals (OUH) across all types of surgery to ask patients how much opioid they had used, and thus assess the appropriateness of discharge opioid prescribing.

Methods

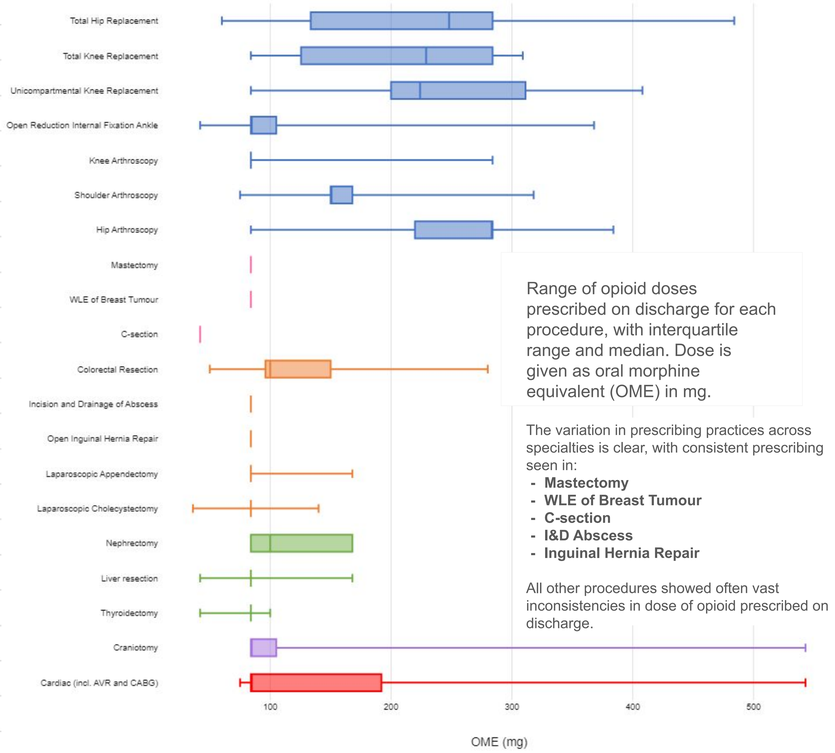
This cohort study was conducted at a single tertiary centre from April 2023 to April 2024. We reviewed 20 of the most common procedures and at least 20 patients were recruited for each procedure. Patients were surveyed using a standardised telephone questionnaire after hospital discharge to establish opioid consumption. Both consumed and unused opioids were recorded and converted to oral morphine equivalent (OME) for analysis.

Results



Median dose of discharge opioids for each procedure, showing median dose used by patients (dark colours) and median dose left unused (light colours).

Dose is given as oral morphine equivalent (OME) in mg.



Range of opioid doses prescribed on discharge for each procedure, with interquartile range and median. Dose is given as oral morphine equivalent (OME) in mg.

The variation in prescribing practices across specialties is clear, with consistent prescribing seen in:

- **Mastectomy**
- **WLE of Breast Tumour**
- **C-section**
- **I&D Abscess**
- **Inguinal Hernia Repair**

All other procedures showed often vast inconsistencies in dose of opioid prescribed on discharge.

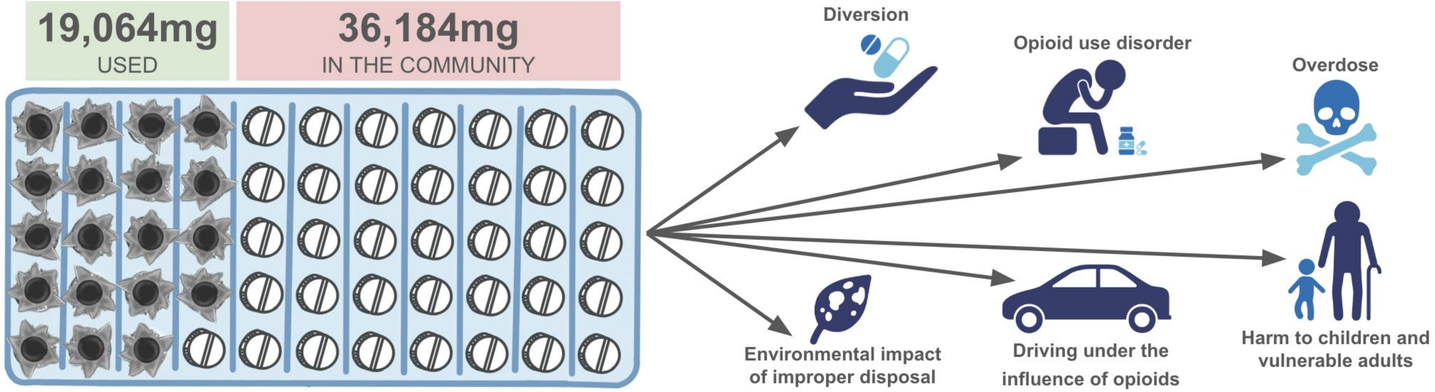
Conclusions & Relevance to Patient Care

ETHOS is the first study to show that current UK discharge opioids prescribed after many surgical procedures is far above opioid requirement. Our results demonstrate a need for robust post-discharge opioid prescribing guidelines, which could be applied nationally.

ETHOS will:

- Help support the narrative of "enough but not too much" in postoperative opioid prescribing
- Facilitate education of prescribers
- Aid development of evidence-based guidelines which are culture and procedure-specific.

Keeping our patients safe is our main priority – the ethos of opioid stewardship.



We must ensure patients have enough opioid to facilitate functional recovery, whilst balancing this against the risks associated

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