



Post-Operative Opioid Prescribing Practices in an Otologic Surgery Practice: A One-Year Retrospective Review

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Objectives:

The purpose of this study was to assess the opioid prescribing practices in an otologic surgery practice and characterize how they vary based on multiple parameters, with the hope that an evidence-based algorithm can be created to guide prescribing practices.

Materials and Methods:

A retrospective review of the charts of adults undergoing otologic surgery over one year was completed. The Virginia Prescription Monitoring Program was used along with the hospital EMR. Patient specific factors, surgery specific factors, prescribing staff, and recovery unit pain management were analyzed in how they related to opioid prescribing practices post-operatively.

Results:

191 patients were analyzed. Prescribing practices varied, with patients undergoing longer/more invasive procedures receiving a higher frequency of opioid prescriptions and a greater number of pills. The frequency of prescriptions and number of pills also varied significantly based on the attending and resident prescriber. Overall, 67% of patients received an opioid prescription after surgery. Of patients receiving prescriptions, 15.6% did not fill them. Of those not receiving a prescription, 9.5% received one subsequently within 30 days.

Conclusions:

While prescribing practices were somewhat predictable based on surgery specific characteristics, significant variability existed in individual prescriber practices. This supports the view that an algorithm to guide responsible prescribing is needed. Additionally, a minority of patients not initially receiving opioids required a new prescription, and one in seven of those receiving a prescription did not fill it, raising the question of how frequently opioids should be given after routine otologic surgery.