



Opioid Use in Ambulatory Otolaryngology

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Objectives:

Identify and understand factors influencing narcotic prescribing amongst surgeons and use amongst patients.

Methods:

All patients undergoing otolaryngology surgery within a multihospital network from March 2017 to August 2018 were surveyed regarding post-operative narcotic use. Participating patients were surveyed regarding the amount of narcotic prescribed, the amount of narcotic taken, and the adequacy of their pain control. The surgery, surgeon, distance to the facility were collected from the medical record. Patients were divided into four categories based on the type of surgery (Nasal/Sinus, Neck, Oropharyngeal, and Otologic). Narcotic amounts were converted to oral morphine equivalents for analysis.

Results:

908 patients responded to the survey. 73 different surgeons were identified. Decreasing age ($p < 0.001$), increasing facility distance ($p = 0.01$), surgery day (Friday) ($p = 0.01$), procedure category ($p < 0.001$), and history recent narcotic use ($p = 0.04$) were associated with an increasing amount of prescribed narcotic whereas gender ($p = 0.35$) was not. On multivariable analysis, only increasing facility distance ($p = 0.002$), procedure category (Oropharyngeal) ($p < 0.001$), and recent narcotic use ($p = 0.002$) remained significant. Factors influencing the patient's narcotic use included, decreasing age ($p < 0.001$), procedure category ($p < 0.001$), type of narcotic prescribed ($p < 0.001$), and worse reported level of pain control ($p < 0.001$), whereas gender ($p = 0.57$), surgery day ($p = 0.45$), or history of recent narcotic exposure ($p = 0.17$) did not. On multivariable analysis, all remained statistically significant ($p < 0.01$).

Conclusions:

Numerous factors influence surgeon prescribing and patient use. Surgeons should be aware of these factors to reduce narcotic diversion after otolaryngology surgery.