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Dangerous Opioid-Prescribing Guidelines

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We applaud the efforts of Stepan et al. in helping to understand and address the opioid epidemic in the United States. These authors clearly recognize the importance of surgeon education and overprescription with respect to this epidemic.

However, this manuscript is presented in a way that could allow surgeons to interpret the findings as normative post-operative guidelines for opiate prescribing. Figure 1 is titled “Recommended Prescribing Practice by Procedure.” We feel the guidelines in Figure 1 are ambiguous, ignore published data, and could be misconstrued as being endorsed by JBJS.

In 2018, JBJS published a study suggesting the median number of opiate pills after knee arthroscopy was 7. (1) We do not understand how this study can now endorse using 30 pills for the exact same procedure. Similarly, Lovecchio et al. (2) recommended 21 to 35 5 mg oxycodone tablets following rotator cuff repair. Yet in this current study, the authors recommend a total of 60 tabs. Once again, the authors fail to make evidence-based recommendations and seem to ignore (even their own) previously published work. We acknowledge that the number of recommended pills is amended in the legends below each figure. However, the figures in this manuscript convey a false understanding of “current” opioid prescribing practices that could mislead readers.

The findings in this paper are further obscured with claims of a large reduction in the number of prescribed opioids. A reduction of 6.47 pills for knee arthroscopy may be statistically significant, but there is no mention of whether this improvement represents any clinical significance. Reducing gross

overprescription does not necessarily reflect the quality of an education program.

We think the aggregate annual reduction of “almost 30,000 opioid pills” is more a function of the large number of surgeries seen at this institution than a meaningful reduction in pills prescribed. It would have been more meaningful to make clinically significant comparisons, rather than present a number that fosters additional ambiguity.

Furthermore, these guidelines recommend a specific number of pills for each procedure but fail to delineate differences between the listed medications. Since 2 mg Dilaudid, 5 mg Norco, and 5 mg Percocet are all included under the guidelines, the reader may consider them to be identical. This innocent mistake can result in a difference of up to 270 oral morphine equivalents (OMEs) prescribed for the exact same procedure – nearly a 40-pill discrepancy.

We recognize the purpose of this article was to suggest that surgeon education may amend opiate prescribing habits. We believe that this is a useful message. However, this message could be lost amid what we feel are dangerous “guidelines” that represent a disservice to patient care.

References

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