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Reducing opioid consumption through multimodal analgesia within an enhanced recovery pathway

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Surgery has become a gateway which has lent to the current opioid epidemic in the United States. New persistent opioid use following surgery is not uncommon regardless of major or minor surgery, particularly in the opioid naïve patient. Each year, 56 million patients receive opioids following surgery and approximately 3 million of those patients will become new, persistent users of opioids. Considering this staggering problem, efforts to reduce perioperative opioid consumption should become a focus within healthcare. Our objective was to implement multimodal analgesia as part of an Enhanced Recovery Pathway (ERP) in colorectal, bariatric, urology, and gynecology surgeries in effort to reduce the consumption of opioids in all phases of perioperative care while improving patient satisfaction. Multimodal analgesia was implemented in 456 colorectal, 381 bariatric, 62 gynecologic, and 45 urologic adult surgical patients at a non-academic institution. Opioid consumption was measured in all phases of operative care and compared to retrospective matched controls. Perioperative multimodal analgesia, including transversus abdominis plane (TAP) blocks was implemented. The ERP cohort demonstrated reduced opioid usage in all phases of care: 18% (intraoperative), 25% (PACU), and 52% (floor) of patients did not need opioids ($p < 0.001$). The overall intraoperative average fentanyl dose reduced from 210 mcg in the pre-ERP cohort to 72 mcg in the ERP cohort ($p < 0.001$). Overall PACU averages for fentanyl and dilaudid doses decreased from 154 mcg to 99 mcg and 1.7 mg to 0.97 mg respectively ($p < 0.001$). Lastly, overall (floor) oxycodone and dilaudid dosages reduced from 40 mg to 14 mg and 3.7 mg to 0.92 mg ($p < 0.001$) respectively. The mean maximum pain score at 2 hours postop reduced from 8.2 to 4.7.

Biography

Vicki Morton is currently the Director of Clinical and Quality Outcomes at Providence Anesthesiology Associates in Charlotte, NC where she is responsible for the management and expansion of the Enhanced Recovery After Surgery (ERAS) program to include 6 facilities within a hospital system and 6 service lines. She attended Queens University of Charlotte for her BSN and later attended the Medical University of South Carolina for her Masters in Nursing and Doctorate in Nursing Practice. She is a board-certified Adult Nurse Practitioner. Vicki worked as a critical care nurse for 15 years before leaving the bedside to pursue her advanced degrees.

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