

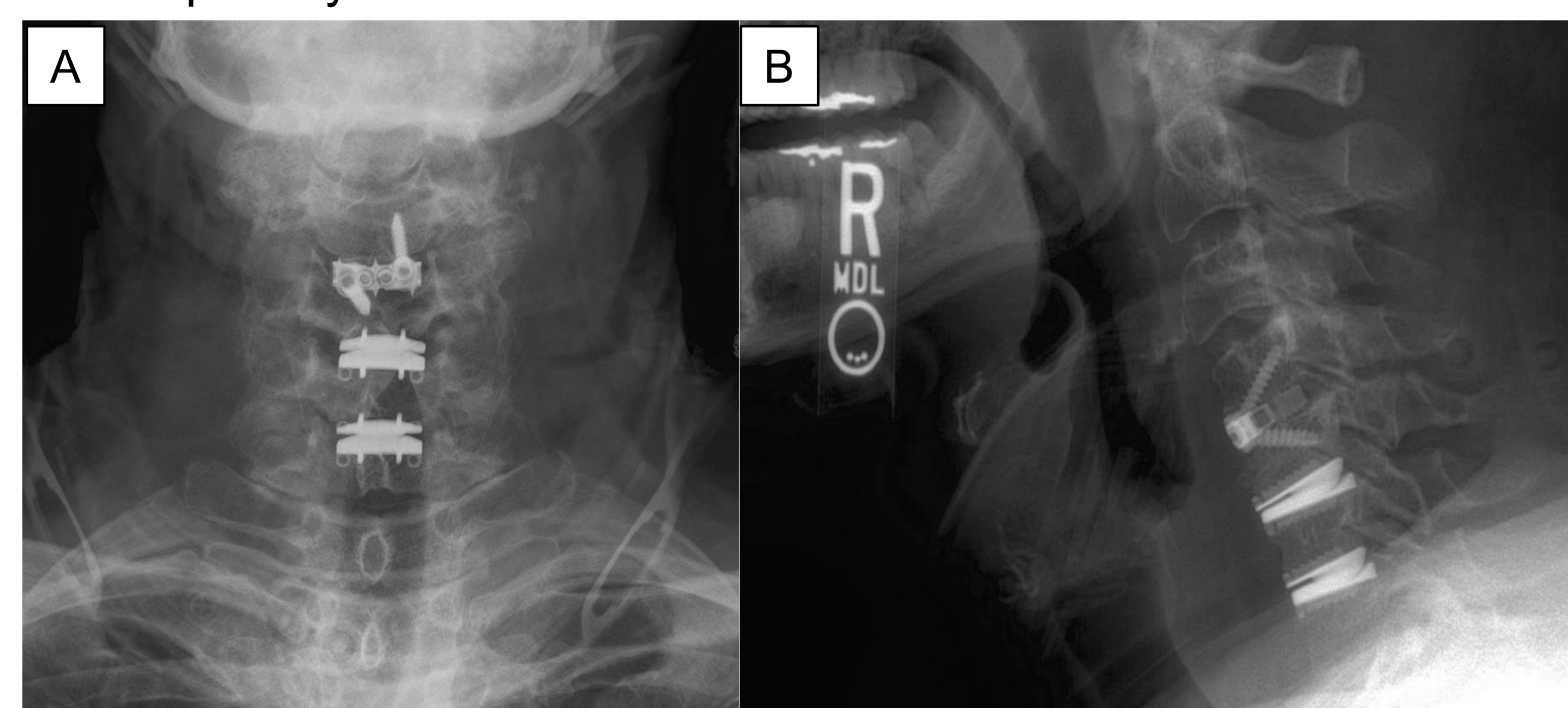
Factors Associated With Increased Discharge Opioid Prescriptions Following Primary Anterior Cervical Spine Surgery

Thomas Shen¹, Joseph B. Wick¹, Bobby Patel¹, Shana Kong¹, Oussama Bakr¹, Katherine D. Wick², Hari Mitra¹, Kendrick Khoo¹, Yashar Javidan¹, Rolando F. Roberto¹, Eric O. Klineberg¹, Hai V. Le¹
¹University of California, Davis, CA
²University of California, San Francisco, CA

Introduction

- Opioid overuse is a substantial cause of morbidity and mortality, and orthopaedic surgeons are the third highest prescribers.¹
- Data on factors associated with discharge opioid prescriptions after elective anterior cervical surgery (ACS) is limited.
- ACS includes anterior cervical discectomy and fusion (ACDF) and cervical disk replacement (CDR) for cervical radiculopathy and/or myelopathy.

Figure 1: Anteroposterior (A) and lateral (B) radiographs of a patient status post hybrid C4-5 ACDF and two-level CDR at C5-6 and C6-7.

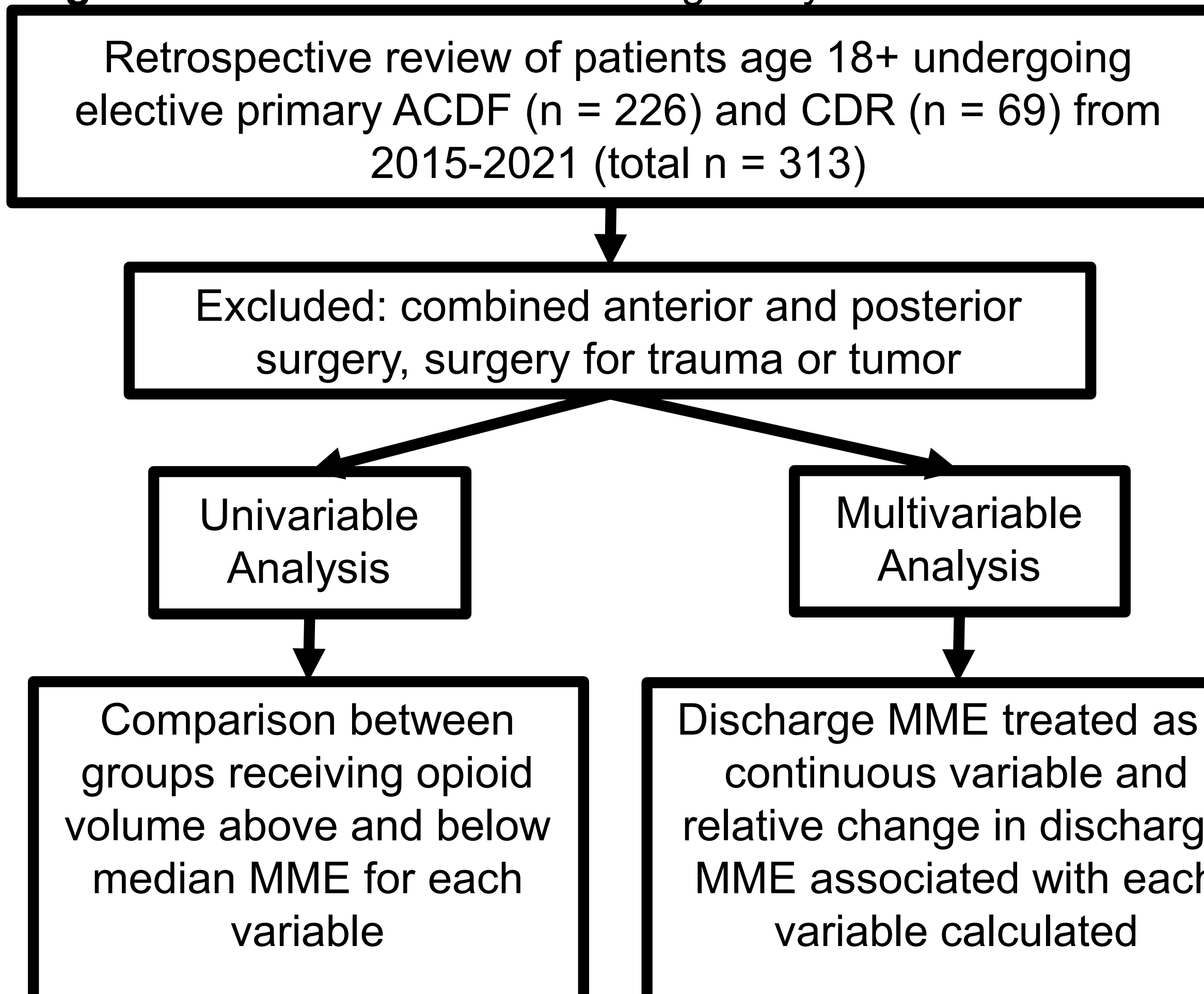


Objectives

- To evaluate the volume of postoperative opioids prescribed and factors associated with increased volume after ACS.

Material & Methods

Figure 2: Flowchart demonstrating analysis



Results

Figure 3: Distribution of Total Opioid Prescription Volumes for All Patients

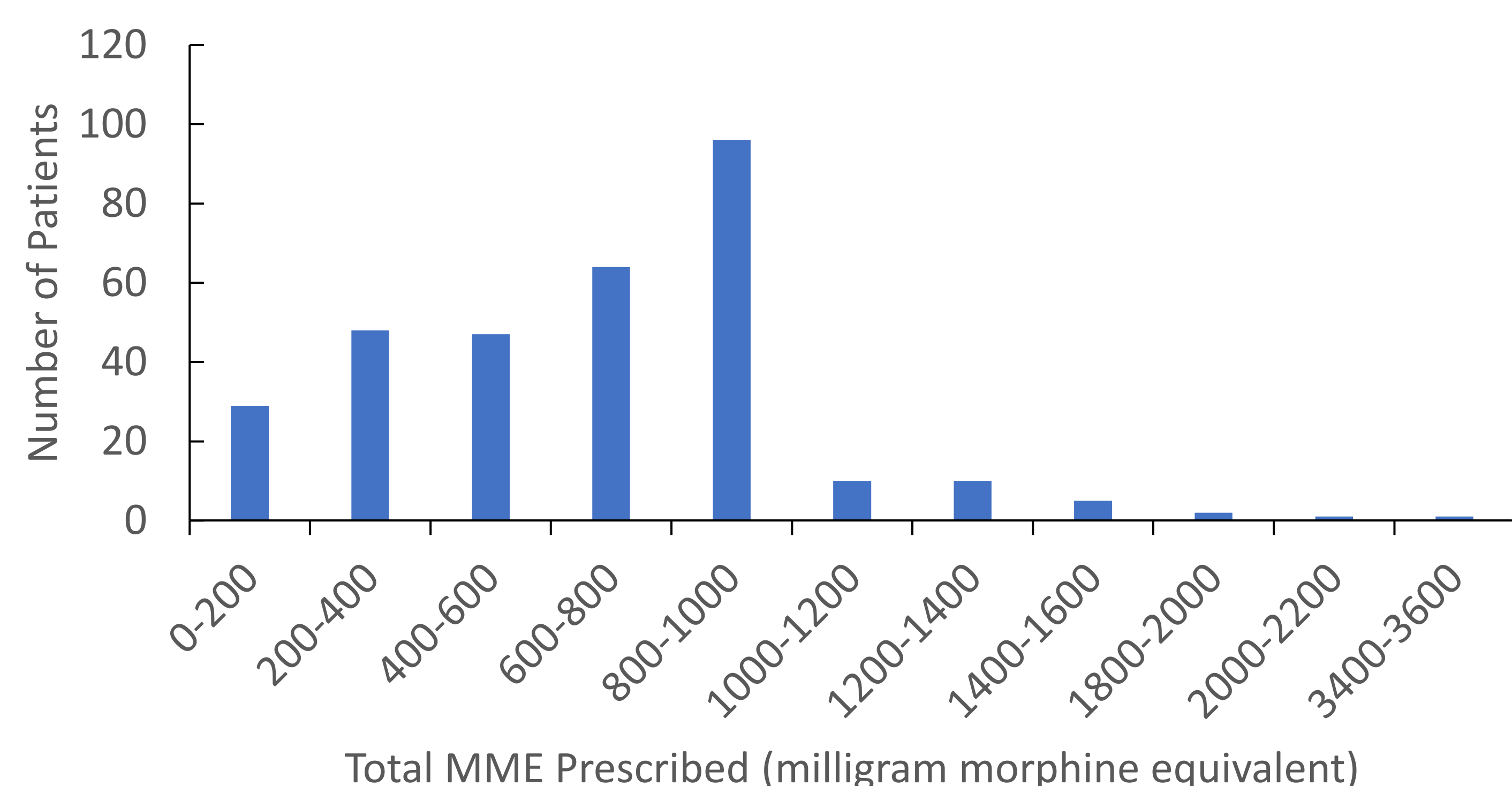


Figure 5: Total Opioid Prescriptions, By Prescriber Type

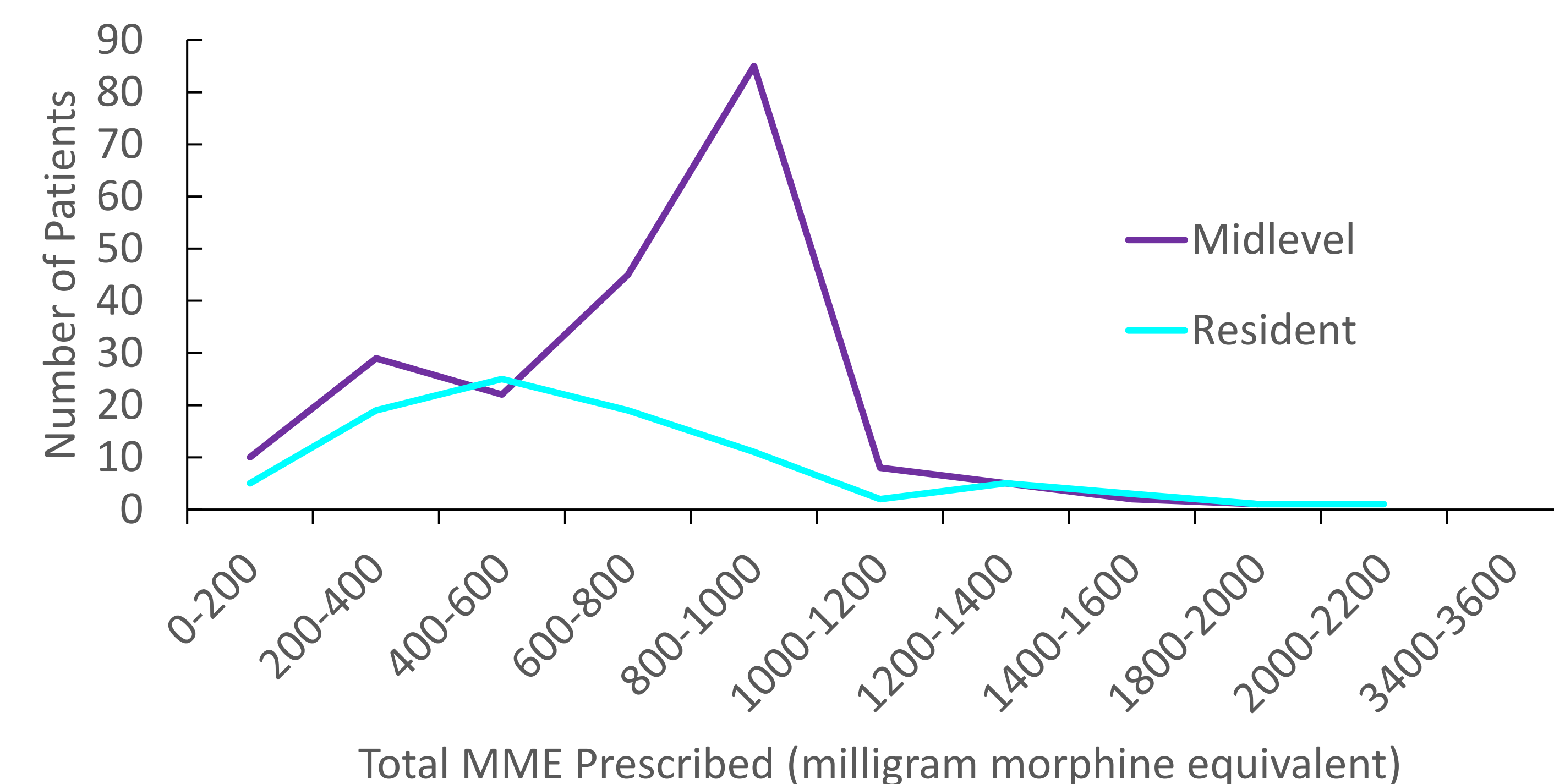


Figure 7: Total Opioid Prescriptions, by Presence or Absence of Preoperative Radiculopathy

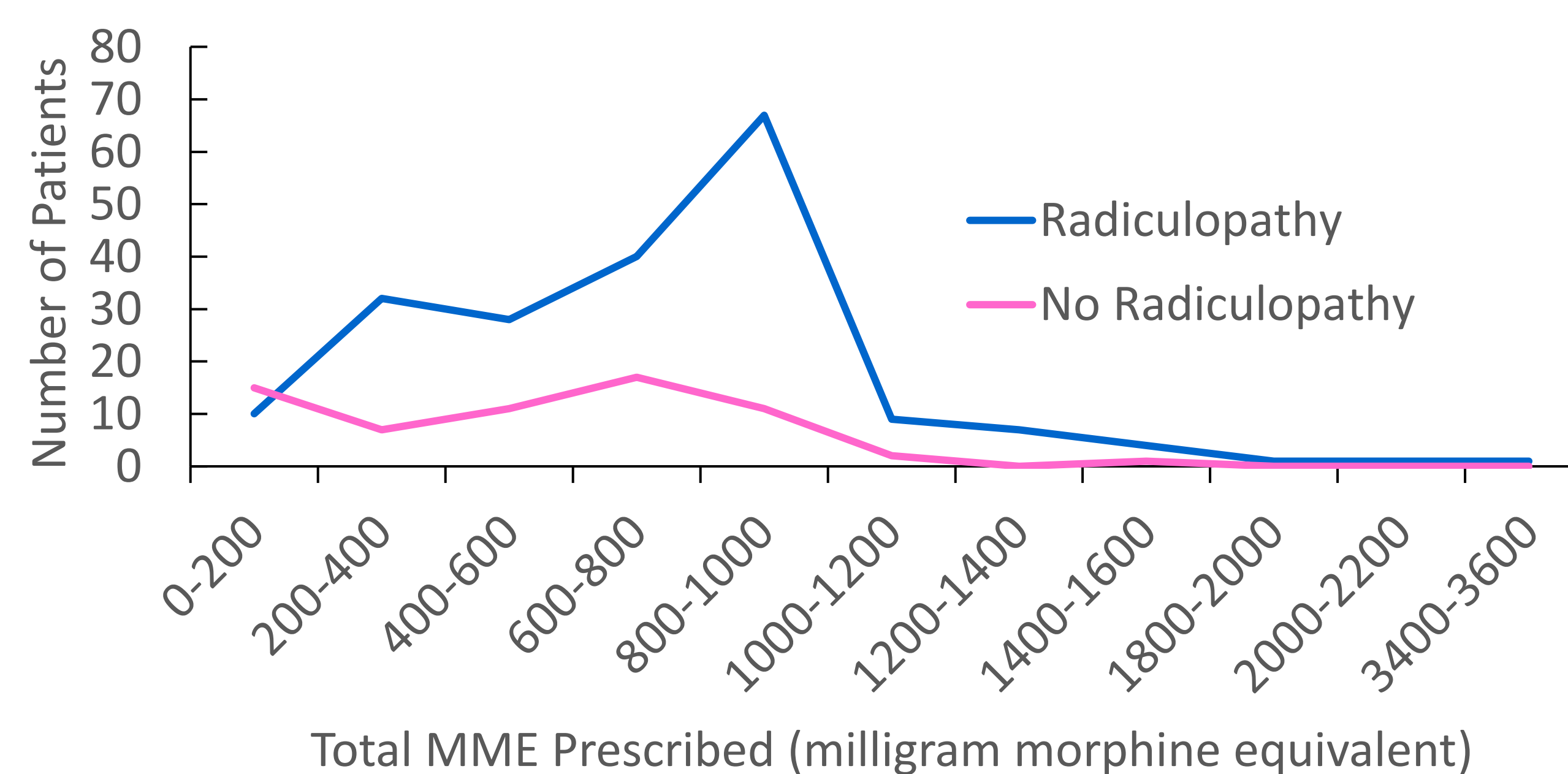


Figure 4: Total Opioid Prescriptions, By Procedure Type

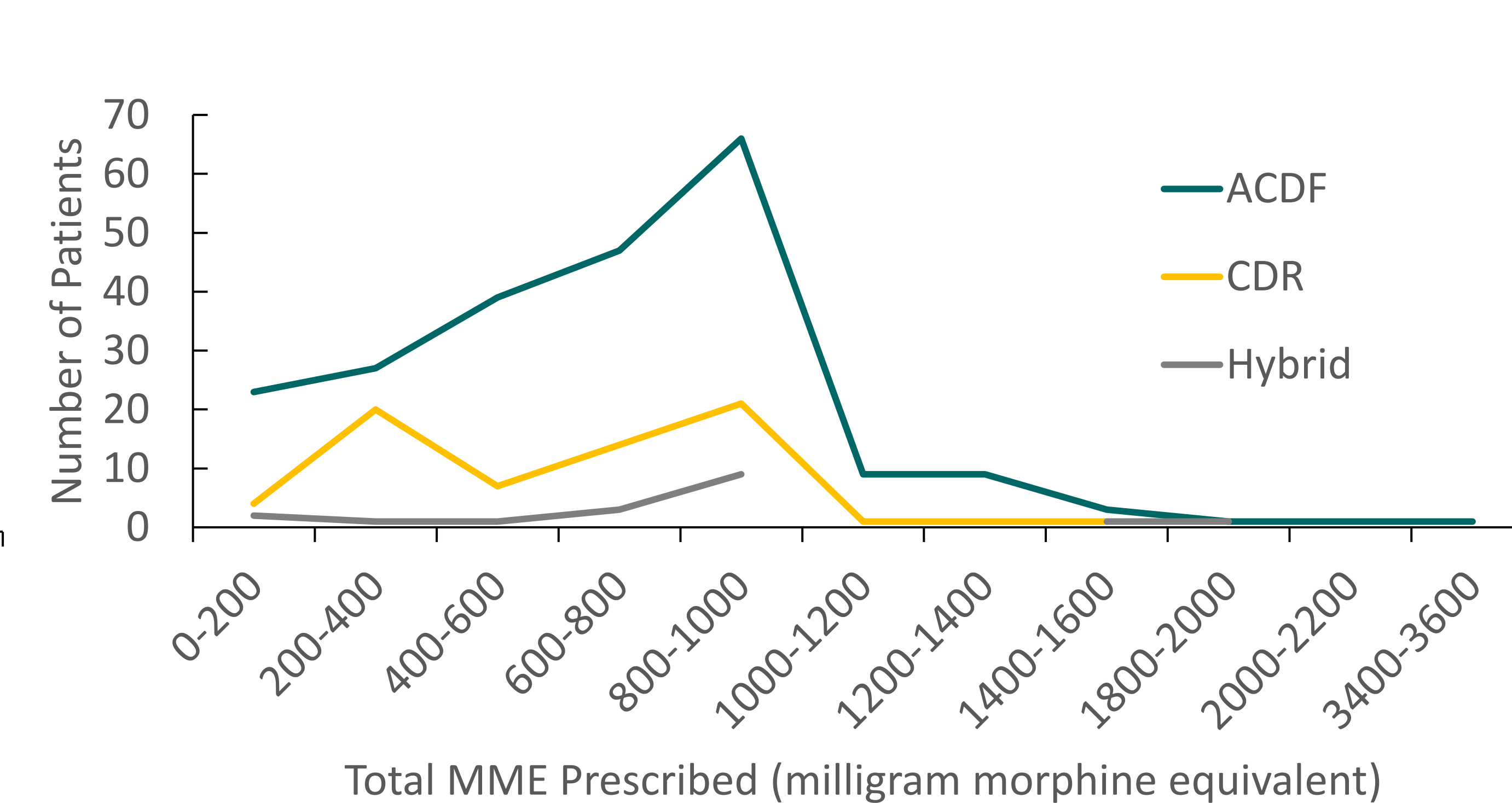


Figure 6: Total Opioid Prescriptions, By Pre-Op Opioid Use

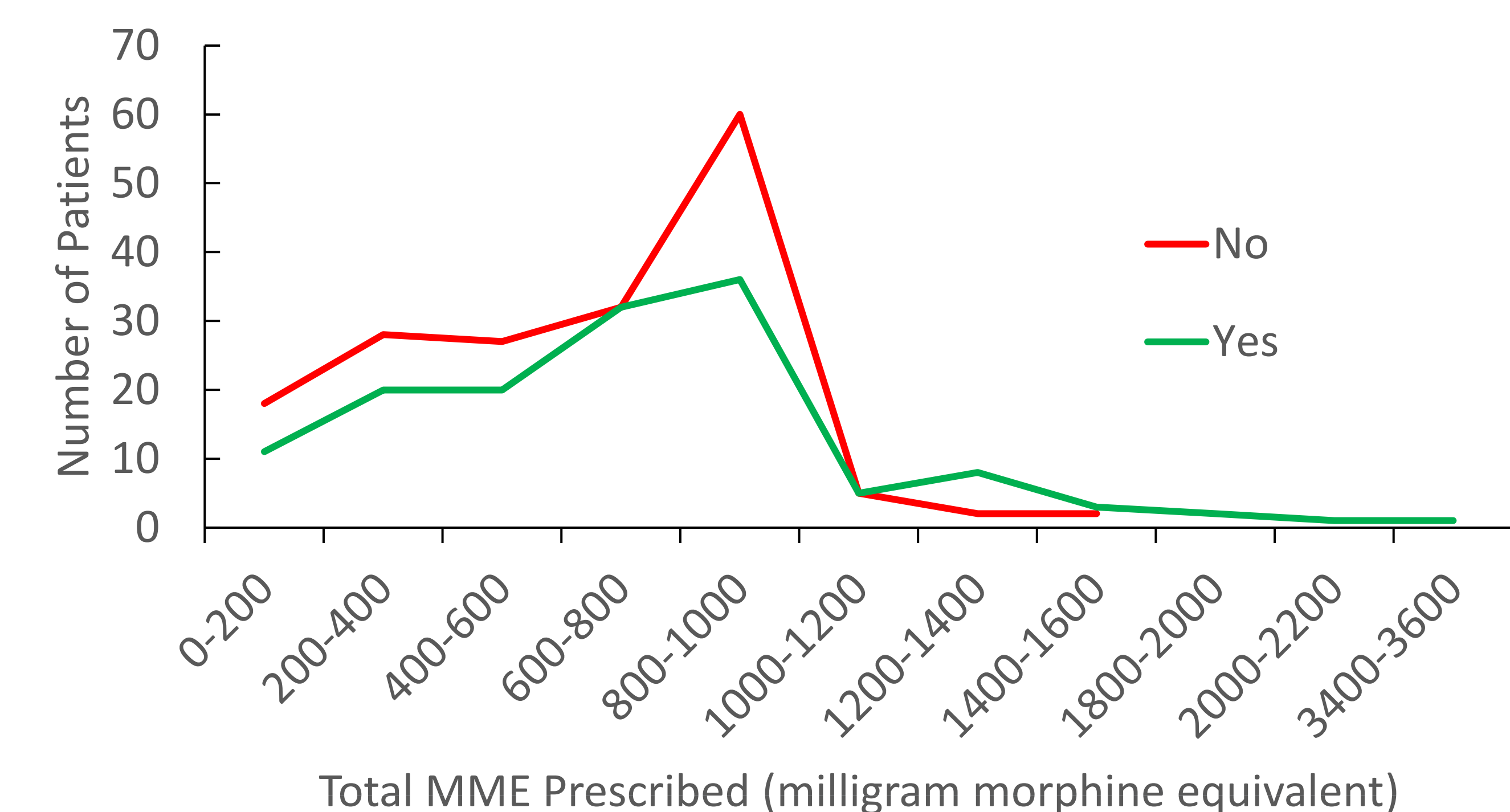
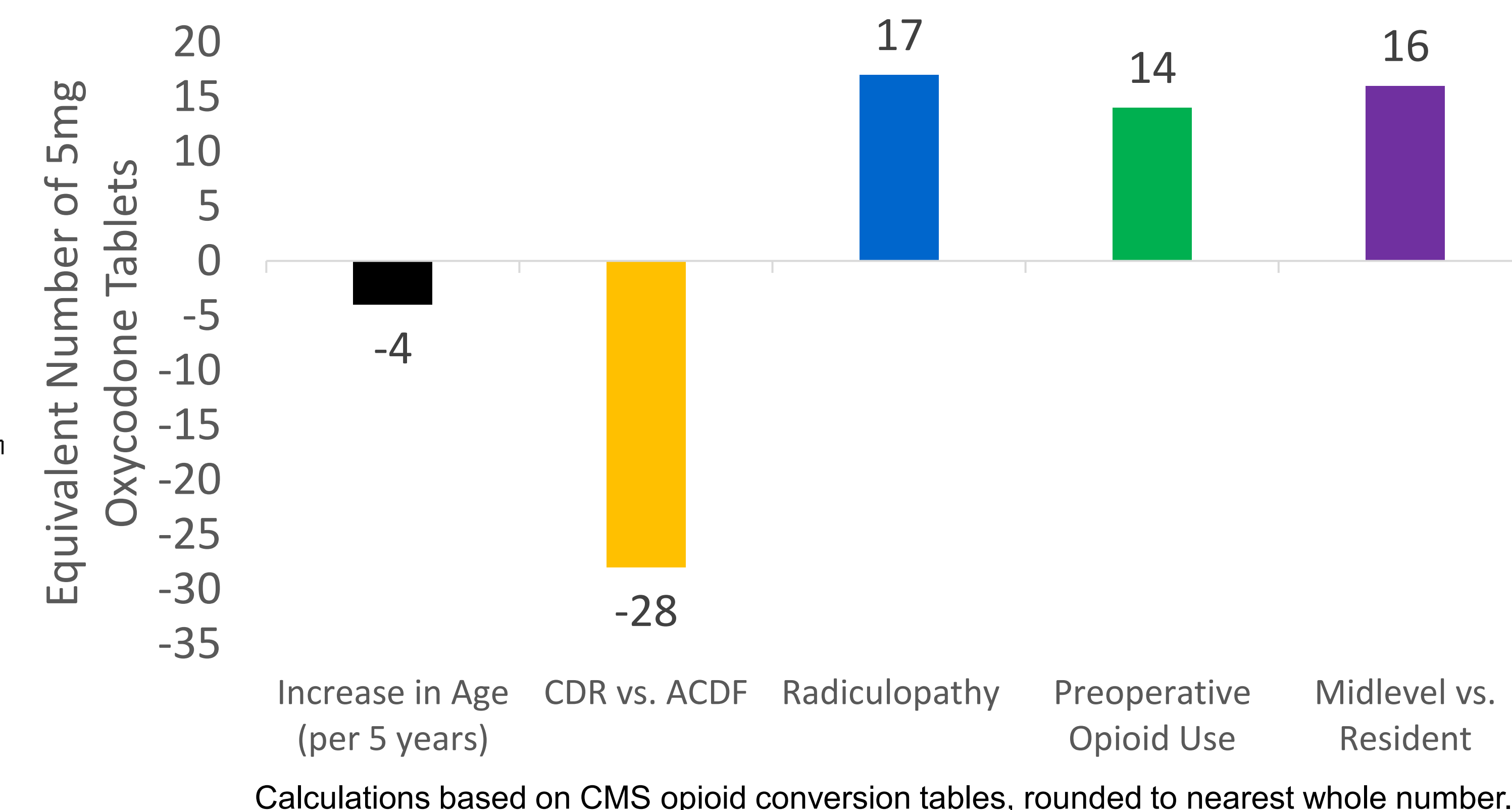


Figure 8: Increased Number of 5mg Oxycodone Tablets Prescribed at Discharge for ACS Patients for Each Factor



| Demographic, Surgical, and Prescriber Information | | | Number | % |
|---|--|--|--------|--------|
| Total | | | 313 | 100.0% |
| Age (years, average) | | | 57.2 | N/A |
| Male | | | 157 | 50.2% |
| Female | | | 156 | 49.8% |
| Pre-operative Opioid Use | | | | |
| No | | | 174 | 55.6% |
| Yes | | | 139 | 44.4% |
| Surgical Indication | | | | |
| Radiculopathy | | | 199 | 63.6% |
| Myelopathy | | | 60 | 19.2% |
| Myeloradiculopathy | | | 51 | 16.3% |
| Procedure Type | | | | |
| ACDF | | | 226 | 72.2% |
| CDR | | | 69 | 22.0% |
| Hybrid | | | 18 | 5.8% |
| Prescriber Type | | | | |
| Midlevel Prescriber | | | 208 | 69.6% |
| Resident Prescriber | | | 91 | 30.4% |

Abbreviations: ACDF: anterior cervical discectomy and fusion, CDR: cervical disc replacement

- Factors independently associated with greater discharge opioid prescription volume:
 - Younger age ($p = 0.010$)
 - Procedure type (ACDF, $p < 0.001$)
 - Preoperative radiculopathy ($p = 0.029$)
 - Preoperative opioid use ($p = 0.012$)
 - Prescription written by a midlevel provider ($p = 0.010$)

Summary & Conclusions

- There is wide variability in prescription opioid discharge volumes after ACS surgery.
- Several patient, procedure, and perioperative factors associated with increased discharge opioid volumes were identified.
- These factors should be considered when designing protocols and interventions to reduce and optimize postoperative opioid use after ACS surgery.

Acknowledgements

This project was funded by a grant from the 2021-2022 UC Davis Medical Center GME High Value Care Competition.

References

1. Volkow ND, McLellan TA, Cotto JH, Karithanom M, Weiss SR. Characteristics of opioid prescriptions in 2009. *Jama*. Apr 6 2011;305(13):1299-301. doi:10.1001/jama.2011.401

Contact

Thomas Shen: tshen@ucdavis.edu
 Hai Le: haile@ucdavis.edu

Calculations based on CMS opioid conversion tables, rounded to nearest whole number.