

## AUA: Urology's Approach to Pain Management in an Opioid Epidemic

SAN FRANCISCO, May 18, 2018 /PRNewswire-USNewswire/ -- The opioid crisis in the United States is widespread and affects many patients, including those undergoing various urologic procedures or those impacted by certain benign urologic conditions, such as stone disease. According to the Centers for Disease Control and Prevention (CDC), sale of prescription opioids nearly quadrupled between 1999 and 2014.

Studies on the use of opioids in urology – including variations in prescribing patterns, opioid stewardship and the effectiveness of non-opioid medications vs. the use of opioids for kidney stone pain, will be presented this year at the 113<sup>th</sup> Annual Meeting of the American Urological Association (AUA). Benjamin J. Davies, MD, associate professor of urology at the University of Pittsburgh School of Medicine, Pittsburgh, PA, will moderate this session, which will take place on Friday, May 18 at 10:00 a.m. (PT) at the Moscone Convention Center in San Francisco, CA.

### **Study Details**

Publication#: MP80-04

**Wide Variation in Postoperative Urologic Surgery Opioid Prescribing in Tertiary Care Centers:** With the United States facing an opioid epidemic, researchers in Rochester, MN sought to assess postoperative opioid prescribing practices in patients undergoing urologic surgery. Using data from three tertiary care centers, researchers identified 9,229 patients who were prescribed an opioid medication upon discharge from the hospital. Prescriptions were converted from prescribed opioids to oral morphine equivalents (OME), with 200 OME equaling approximately 26, 5-mg tablets of oxycodone. Prescribing patterns were compared across 21 common urologic procedures. Results showed:

- Nearly 80 percent of patients were prescribed an opioid at discharge.
- The median OME prescribed across procedures was 187.5 (interquartile range [IQR] 150, 225).
- Within and across surgical procedures, IQR of 150 were reported for four procedures: open cystectomy (IQR 225, 525 with a median of 300), open radical nephrectomy (IQR 225, 375 with a median of 300), retroperitoneal lymph node dissection (IQR 225, 375 with a median of 300) and penile prosthesis placement (IQR 150, 325 with a median of 225).
- 30-day procedure-specific refill rates varied from 2 percent to 26 percent.

After observing these prescribing variations, researchers developed a four-tier procedure-based prescribing guideline to guide opioid prescriptions for adult urologic surgery patients. This guidance will also be presented during the press conference and is included in **abstract PD28-07: Evidence-Based Opioid Prescribing Guidelines for the Postoperative Urologic Surgery Patient at Discharge.**

### **Study Details:**

Publication #: MP80-11

**Postoperative Opioid Prescribing in Urology: Are We Contributing to the National Crisis?** Reducing the oversupply of opioid medications (resulting from overprescribing) by adjusting prescribing habits and providing education on proper disposal could be a critical piece of a prevention strategy to positively impact the nation's opioid epidemic, according to researchers in Chapel Hill, NC, who surveyed a small sample of patients (109) to evaluate postoperative opioid usage. Patients were surveyed by telephone two weeks after undergoing a urologic procedure for which they were prescribed opioids postoperatively. Results showed:

- 70 percent of the patients surveyed had unused opioid medications from their initial prescription.
- On average, patients used just over half (56 percent) of their initial prescription.
- Cystoscopy-based procedures displayed the lowest percentage (37.5 percent) of unused medication, while cystectomy had the highest percentage of unused opioids (70 percent).
- Approximately 1,200 opioid pills remained unused across the sample.

### **Study Details**

Publication #: MP02-18

**Non-Narcotic Emergency Management of Renal Colic Improves Length of Stay and Discharge Rate:** Ketorolac, a non-steroidal anti-inflammatory drug (NSAID) is an effective pain medication in patients with renal colic, but is underused in emergency departments (ED), according to researchers in Saint Paul, MN. Researchers identified 1,335 adult stone patients (>18) who visited the emergency room, had CT-confirmed ureteral stones and an initial pain score  $\geq$  6/10. For inclusion, patients must have been treated initially with either ketorolac only, narcotic only or a combination of the two within a 10-minute interval. Patients who had presented to the

ED within the previous 120 days were excluded from the analysis. Results showed:

- Patients receiving ketorolac received less anti-nausea medication (ondansetron) and had the highest discharge rate from the ED. These patients were more likely to have a shorter length of stay (<3 hours) compared to patients receiving opioids.
- Patients receiving narcotics had the longest length of stay and lowest discharge rate.
- Patients receiving either opioids or combination therapy (ketorolac and opioids) were more likely to be admitted to the hospital from the emergency room.

"The opioid epidemic in the United States has brought much-needed attention to our approach to pain management," said Dr. Davies. "These studies provide important information that can inform steps that we can take to revisit how we prescribe opioid medications without compromising the quality of patient care that we provide."

***About the American Urological Association:*** *The 113th Annual Meeting of the American Urological Association takes place May 18-21 at the Moscone Center in San Francisco, CA. Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is a leading advocate for the specialty of urology, and has more than 21,000 members throughout the world. The AUA is a premier urologic association, providing invaluable support to the urologic community as it pursues its mission of fostering the highest standards of urologic care through education, research and the formulation of health policy.*

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