Perioperative Continuation of Chronic Opioids and Buprenorphine

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September 17, 2025

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Objectives

- Explain the rationale for continuing or adjusting chronic opioid and buprenorphine therapy in patients undergoing surgical procedures, considering the risks of opioid withdrawal, inadequate analgesia, and potential drug interactions.
- Describe evidence-based protocols and strategies for managing patients on chronic opioid or buprenorphine therapy in the perioperative period, including pre-operative assessment, intraoperative adjustments, and post-operative pain management plans.
- Discuss the importance of interprofessional collaboration and communication in caring for patients on chronic opioid or buprenorphine therapy undergoing surgery, including coordination between anesthesia providers, surgeons, pain specialists, and addiction specialists.

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Prevalence of Chronic Pain

- Nearly 25% of adults 18 years old and older in the United States experience chronic pain
- 25% of surgical patients are on chronic opioid therapy prior to surgery
- Including patients taking opioids prior to surgery, postoperative chronic opioid use ranges from 9.2%-13%

Lucas, J. W., & Sohi, I. (2024). *Chronic Pain and High-impact Chronic Pain Among U.S. Adults, 2023*. https://doi.org/10.15620/cdc/169630

Hah, J. M., Bateman, B. T., Ratliff, J., Curtin, C., & Sun, E. (2017). Chronic opioid use after surgery: Implications for perioperative management in the face of the opioid epidemic. *Anesthesia & Analgesia*, *125*(5), 1733–1740. https://doi.org/10.1213/ane.0000000000002458

Sun EC, Darnall BD, Baker LC, Mackey S. Incidence of and Risk Factors for Chronic Opioid Use Among Opioid-Naive Patients in the Postoperative Period. *JAMA Intern Med.* 2016;176(9):1286–1293. doi:10.1001/jamainternmed.2016.3298

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Prevalence of Opioid Use Disorder

- Over 3 million people in the US are affected by Opioid Use Disorder (OUD)
- About 1.6% of the surgical population meet criteria for OUD
  - Of these, 27% are receiving MOUD treatment such as methadone or buprenorphine prior to surgery

Dydyk, A. M., Jain, N. K., & Gupta, M. (2024, January 17). *Opioid Use Disorder: Evaluation and management*. StatPearls – NCBI Bookshelf. https://www.ncbi.nlm.nih.gov/books/NBK553166/#:~:text=%5B1%5D%20OUD%20affects%20over%2016,epilepsy%20in%20the%20United%20States.re.

Li, Alicia & Huang, Yongmei & Martins, Silvia & Suzuki, Yukio & Ferris, Jennifer & xu, Xiao & Hershman, Dawn & Wright, Jason. (2025). Use and Outcomes of Medication for Opioid Use Disorder Among Patients With Opioid Use Disorder Undergoing Surgery. Annals of Surgery Open. 6. e598. 10.1097/AS9.0000000000000598.

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Preop Opioid Use & Surgical Outcomes

- Patients on chronic opioid therapy prior to surgery have worse surgical outcomes including:
  - Increase in pain levels
  - Longer hospital admissions
  - Higher readmission rates
  - Increased risk of surgical complications such as infection, dislocation, and the need for subsequent surgeries
  - Increased post-operative ED visits

Frangakis, Stephan G. MD, PhD*; Kavalakatt, Bethany BS†; Gunaseelan, Vidhya MBA, MS, MHA*,‡; Lai, Yenling MSPH, MS‡,§; Waljee, Jennifer MD, MHS§; Englesbe, Michael MD‖; Brummett, Chad M. MD*,‡,¶; Bicket, Mark C. MD, PhD*,‡. The Association of Preoperative Opioid Use with Postdischarge Outcomes: A Cohort Study of the Michigan Surgical Quality Collaborative. Annals of Surgery 282(2):p 234-241, August 2025. | DOI: 10.1097/SLA.0000000000006265

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Pre-operative Screening

Thorough patient history, including for substance use.

- Screening tools
  - Alcohol Use Disorders Identification Test (AUDIT)-C, AUDIT-C+2
  - Drug Abuse Screening Test (DAST)-10
  - ORT (opioid risk tool)
  - Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS)

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Pre-operative Considerations

- Assessing risk of withdrawal
- Anesthesia considerations
- Drug interactions – call your pharmacist
- Pain management plan – inadequate analgesia
- Coordination with pain and addiction specialists if needed

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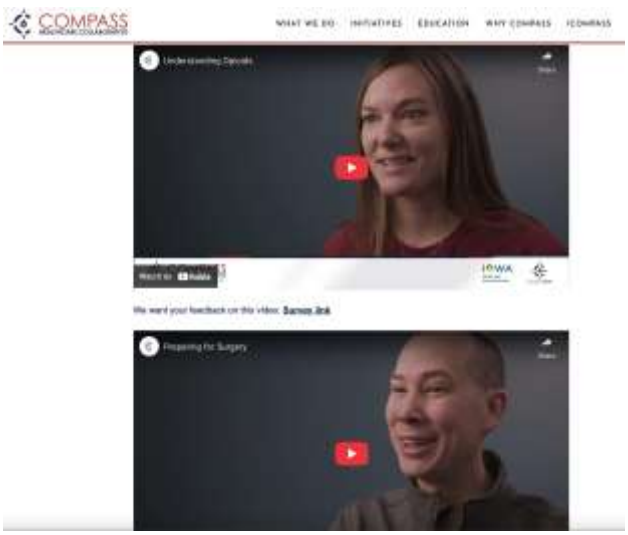
Pre-operative Planning

Talking to patients



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Pre-operative Planning:
Should we taper chronic opioid therapy?

Chronic opioid therapy for pain and surgery

- Continuation of opioid agent vs adjustment
  - Tapering opioids before surgery?
  - Patient-facing handout here
- Guidelines: CDC 2022 (recommend dose reduction when risks > benefits; avoid abrupt tapers), HHS 2019 taper guide (how to taper safely).
- Dose–response risk: Harms rise with higher daily MME; benefits plateau—supports aiming for the lowest effective dose.
- Interventional evidence: Motivational-interviewing-guided taper RCT (post-surgical) improved taper success; post-op taper associated with better PROs; individualized taper protocols reduce MMEs in arthroplasty.
- Preop course matters: Decreasing preop use linked with better long-term utilization and outcomes.
- Perioperative consensus & reviews: Recommend preop weaning to improve outcomes when feasible.

Tapering Opioids Before Surgery

Do you live with chronic pain?
Are you using opioid pain medications?
Do you plan to have surgery?

If you answered "yes" to these questions, experts recommend reducing or stopping your use of opioid pain medicine before surgery.

While it may be challenging, tapering your use of opioid medications before surgery can help:

- Improve your recovery time
- Reduce the number of short-term opioids you need after surgery
- Lower your risk of post-surgical complications
- Decrease your chances of needing hospitalization after surgery
- Lower medical costs
- Reduce the likelihood of developing or worsening chronic pain after surgery

Taper safely

Talk to your healthcare provider about your opioid use. They can help you taper your dosage slowly and safely over time and explore alternative strategies.

These strategies begin with self-management that you do, supported by medical treatments.

CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. Tapering when risks > benefits; avoid rapid tapers.
HS Guide for Clinicians on Appropriate Dosage Reduction or Discontinuation of Long-Term Opioids (2019). Practical taper principles.
Sullivan MD, et al. Motivational-interviewing + guided taper after surgery (EClinicalMedicine, 2020).
Goesling J, et al. Post-op tapering and PROs (Reg Anesth Pain Med, 2024).
Individualized taper protocol in arthroplasty—lower discharge MME (J Arthroplasty, 2024).
Ngai DS, et al. Preop utilization patterns and long-term postop outcomes (claims analysis).
Editorials/reviews advocating preop weaning: BJA 2021; Perioperative Medicine 2017.

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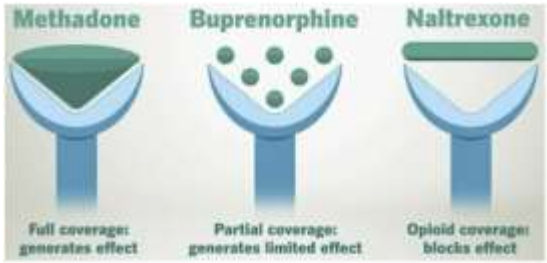
MOUD

- Unique pharmacology on mu receptor
- Agonist vs partial vs antagonist
- Affinity



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Pre-operative Planning:
Should we stop or adjust their MOUD?

Medication for Opioid Use Disorder (MOUD)

- Literature supports continuation of MOUD in most cases
- Standardized hospital policy with decision support workflow, based on consideration of:
  - Type of surgery – anticipated pain and healing trajectory
  - Patient-specific factors – any contraindications to standard anesthesia, analgesia strategies
  - Current opioid regimen – agent, dose
- Balance with shared decision making with patient, prescriber of opioids

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Perioperative Management of Patients on Opioids (Including MOUD)

Compass SHARP Example Policy

Patient populations:

- Patient with chronic pain on current home opioid dose high enough to make them opioid tolerant (MME>60)
- Patients with a history of opioid use disorder (OUD) currently being treated with methadone or buprenorphine
- Patients currently taking naltrexone for treatment of alcohol or OUD


Perioperative Management of Patients on Opioids (Including MOUD)

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Perioperative Management of Patients on Opioids Continued

Compass SHARP Example Policy

Recommendations:

- Perioperative management of home medications
  - Stop, adjust, continue
- Management of unanticipated acute pain and nothing by mouth (NPO) diet

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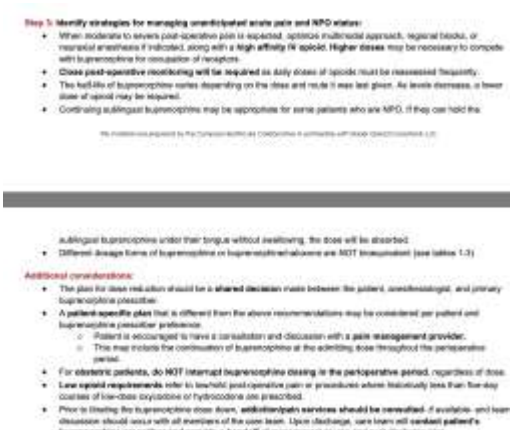
Perioperative Management of Patients on Opioids Continued

Home Buprenorphine Algorithm



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Intraoperative Considerations

- Tolerance to anesthetics and opioids
- Drug interactions (e.g., methadone, buprenorphine, naltrexone)
- Altered physiologic responses
- Anesthesia team coordination
- Multimodal analgesia
  - Compass SHARP Guideline
  - Compass SHARP Non-Opioid Medication Dictionary

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Post-operative Considerations

- Pain control: multimodal analgesia, continuation of anesthetic blocks
- Monitoring for withdrawal symptoms
- Avoiding opioid overuse and relapse
- Having a plan for unanticipated acute pain – refer to algorithm in policy
- Have an exit strategy for a safe discharge plan
- Involvement of pain and addiction specialists

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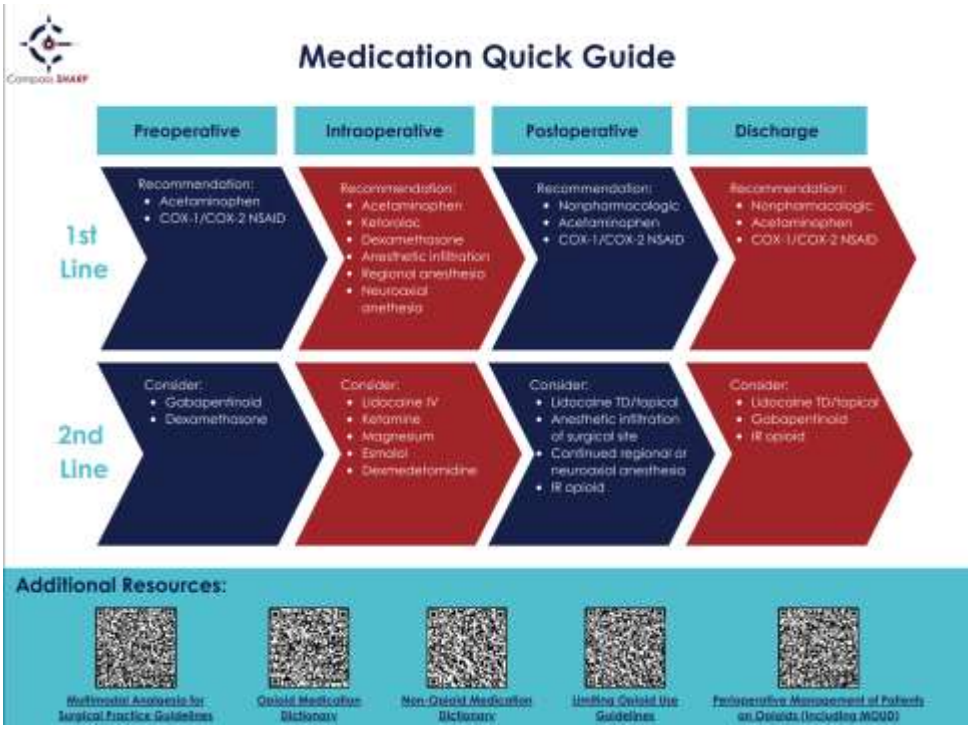

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Managing Withdrawal Symptoms

- Common symptoms: discomfort, nausea, diarrhea, pain, dilated pupils
- Use of medications: opioids, clonidine, antiemetics, antidiarrheals, methadone, buprenorphine
- Importance of scheduled assessments, initiation of standard protocols

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Pain Management Strategies

- Balanced analgesia: Nonsteroidal anti-inflammatories (NSAIDs), acetaminophen (APAP), regional anesthesia
- Nonpharmacologic methods
- Communication about expectations, healing trajectory, and care plans

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Interdisciplinary Team Approach

- Role of nurses, anesthesiologists, surgeons, pharmacists, social workers
- Discharge planning and linkage back to pain and addiction services

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Discharge Considerations

- Continue multimodal analgesia
  - APAP + NSAID
  - Lidocaine topical/patches
- Tailor discharge opioid prescription (RX) to patient-specific needs
  - Balance risk/benefit
  - Shared decision making
  - Safe storage and disposal
  - Prescribe/dispense naloxone
- Follow up appointments with pain and addiction specialists

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Policy, Protocol, Process

- Adopt example policy
- Develop multimodal pathways and protocol
- Implement automatic consult/referral
- Require pre-surgical planning meetings
- Build out order sets to support clinical care
- Communicate clear discharge planning that includes conversation with outpatient prescribers

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Case Study 1

52-year-old female on long-term Suboxone for OUD presents for pre-op appointment

- Elective right total knee replacement (TKR) next week

Worried about pain control:

- Do I keep taking my Suboxone?
- I don't want any opioids - I'm scared I'll relapse.
- Will you be able to control my pain without opioids?

What are your next steps?

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Case Study 1 Continued

Does your hospital have a guideline or clinical pathway?

Phone a friend

- Consult pain/addiction medicine
- Consult clinical pharmacist
- Consult behavioral specialist

Clarify her Suboxone dose

- Suboxone 8mg-2mg sublingual (SL) twice a day (BID)

Talk to the patient about options

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Case Study 1 Continued

Continue her Suboxone 8mg-2mg SL BID

- Split dosing to 0.5 film (4mg-1mg) SL four times a day (QID)

Use femoral and adductor canal blocks

- Explain how these work to block pain
- Consider use of a longer acting local anesthetic

Use non-opioid agents

- APAP + NSAID
- Intravenous (IV) ketamine, lidocaine patches

What is the plan if she has unanticipated acute pain?

- Increase Suboxone dose (give additional 2mg SL doses as needed (prn))
- Use high-affinity opioid. Close monitoring.
- Goal to not be discharged with opioid rx.

Discuss healing timeline expectations afterward and physical therapy/occupational therapy (PT/OT)

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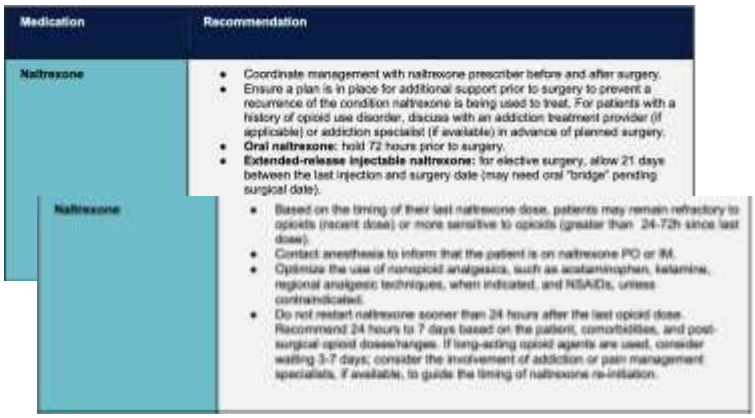
Case Study 2

61-year-old male admitted through the Emergency Department (ED) for laparoscopic cholecystectomy.

Patient is on naltrexone for treatment of alcohol use disorder.

What are next steps?

- AUDIT-C
- Notify anesthesia team
- Stop additional naltrexone doses
- Optimize anesthetic blocks, nonopioid agents



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Case Study 2 Continued

- Maximize non opioid pain management strategies
- Monitor closely for when to restart naltrexone
- Weigh risk/benefit of a discharge opioid Rx → naloxone!
- Rely on APAP + NSAID + lidocaine patch on discharge

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Summary & Key Takeaways

- Effective perioperative management in a patient with chronic pain or OUD requires preparation, compassion, and coordination
- Understand withdrawal, pain, and drug interactions
- Interprofessional collaboration and communication.

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Resources and References

- Multi Organizational consensus to define guiding principles for perioperative pain management in patients with chronic pain, preoperative opioid tolerance, or substance use disorder here
- Support for Hospital Opioid Use Treatment (SHOUT) guidelines (OUD specific) here
- Institutional protocols, policies, and order sets
- Compass SHARP Provider Resource page here

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Questions & Discussion

- Have you had a recent patient case you'd like to share?
- What challenges do you face at your institution in caring for perioperative patients on chronic opioid therapy? On MOUD?

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Upcoming Events

Compass SHARP Lunch and Learns:

- **Chronic Pain: When to Refer?**
  - October 8th, 12:10 - 12:50 pm CT
- **Motivational Interviewing: Inspiring Behavior Change**
  - November 12th, 12:10 - 12:50 pm CT

Keeping you SHARP Office Hours:

- 4th Wednesday of the month, 12:00 – 1:00 pm CT
- **LINK to register**

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Resources

Access provider and patient resources on the Compass SHARP webpage by scanning the QR code below.

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Access the May edition

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Thank you

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