Perioperative Pain Management During The Pandemic

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Financial Disclosures

-OrthoDevelopment
-DePuy

Detailed disclosure information available via AAOS Orthopaedic Disclosure Program at http://www.aaos.org/disclosure

Frame of Reference

- 1000+ bed tertiary academic medical center
- Primary referral center for >20 counties in North Central Florida with catchment of nearly 5 million
- >100,000 orthopaedic visits per year
- 5 full-time arthroplasty surgeons
- ~2000 cases per year

UFHealth
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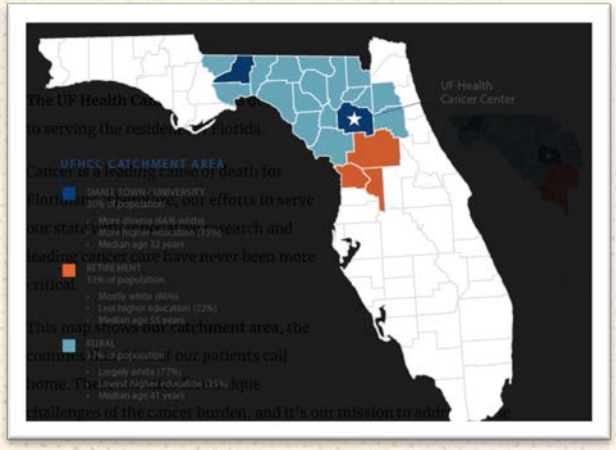

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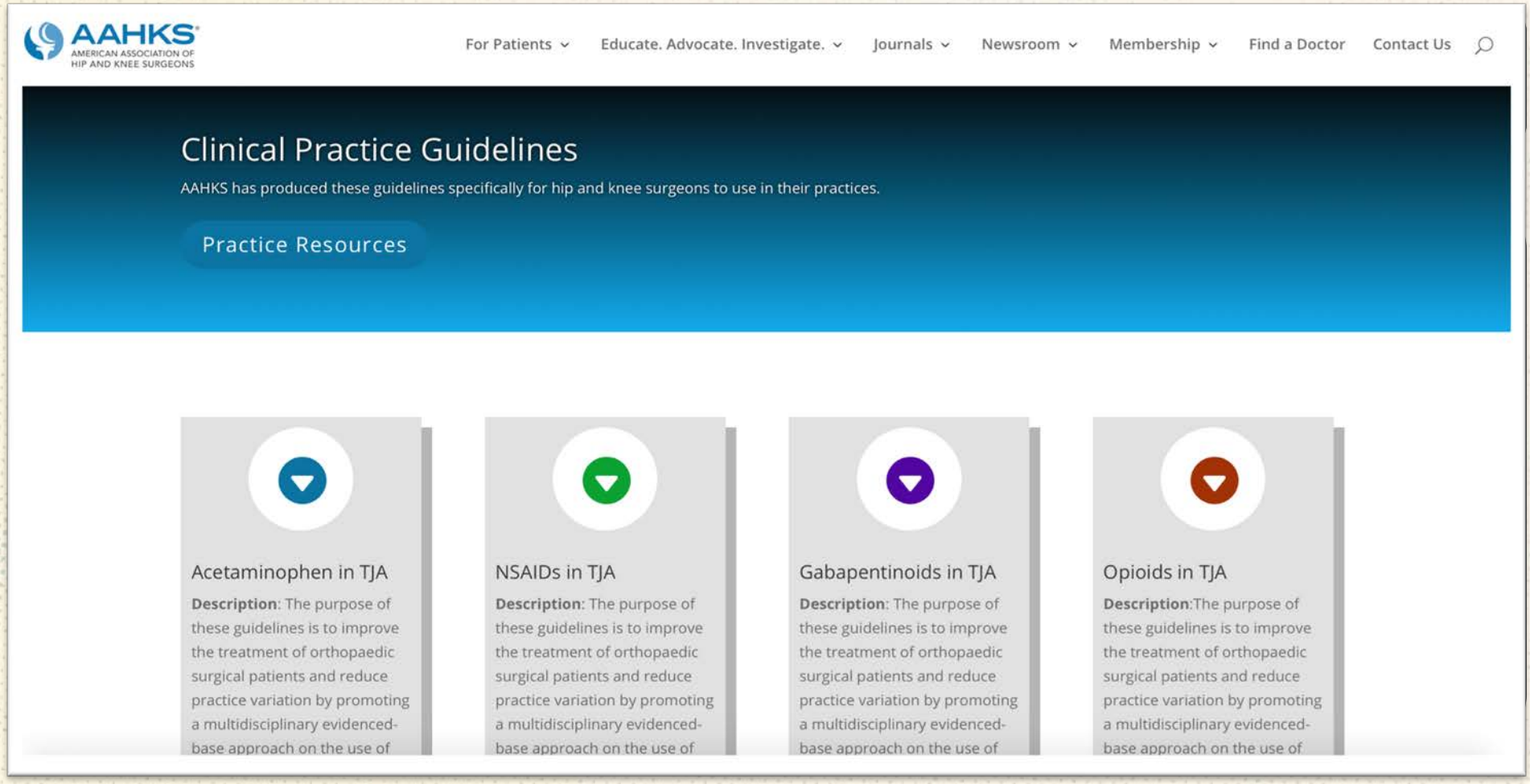
Comprehensive Pain Management Strategy



Overview of Prescriptions

	"Opioid Sparing" (# Tablets)	"Narcotic Naïve" (# Tablets)	"Standard" (# Tablets)	"Long-Term Use" (# Tablets)
Multimodal (Tylenol, NSAIDs, Gabapentinoids)*				
Tramadol (50 mg Tablet)	21	X	X	21
Hydrocodone (5/325mg Tablet)	X	28	X	X
Oxycodone (5 mg Tablet)	X	X	28	28
OME (Daily/Total)	15/105	20/140	30/210	45/315

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College of Medicine
Department of Orthopaedics & Rehabilitation

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Post-Operative Pain Control Protocol

Sample Schedule

The following is sample schedule for the use of the opioid narcotic medication that you will be given post-operatively to help control your pain.

Please bear in mind that all surgery will be associated with some discomfort, and that the University of Florida Orthopaedic Surgery Team will make a sincere effort to give you the best pain control possible.

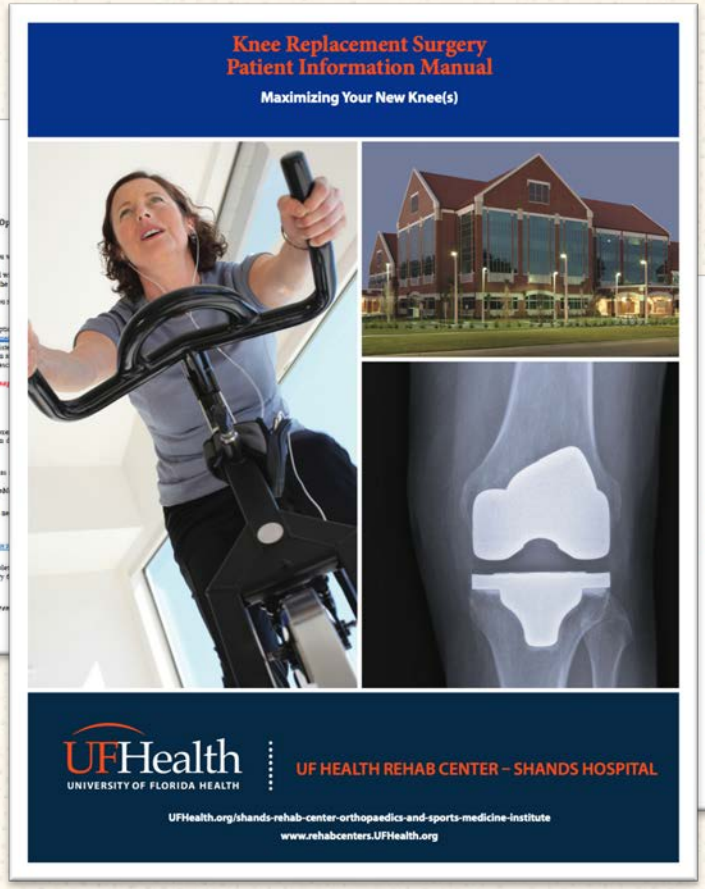
The goal is to maintain a comfortable pain level as you recover from surgery. The vast majority of our patients are comfortable with the schedule listed below.

In accordance with Florida House Bill 21, the prescription of narcotics for more than 7 days is prohibited (please see the following document for further information https://flmedical.org/Florida/Florida_Public/Docs/FMA-Opioid-HB21.pdf). Additional narcotic pain medication beyond what is listed will have to be arranged with your surgeon and, if applicable, your pain management physician. Any changes to this plan after your surgery require an in-person visit (Clinic Visit) to discuss pain control. Additional narcotic medication cannot be prescribed over the phone.

As noted in your pain control protocol, opioid narcotics should not be your first line treatment for your pain. They should be reserved for pain not controlled with Tylenol/Anti-inflammatories and Tramadol.

SAMPLE SCHEDULE (BASED ON 56 TABLET PRESCRIPTION)

- Week 1 (~28 tablets): 1 tablet every 6 hours as needed for pain >8/10.
- Week 2 (~21 tablets): 1 tablet every 8 hours as needed for pain >8/10.
- Week 3 (~7 tablets): 1 tablet prior to physical therapy or once daily for pain >8/10.



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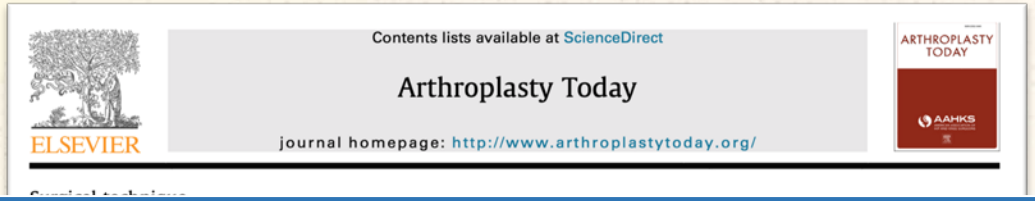
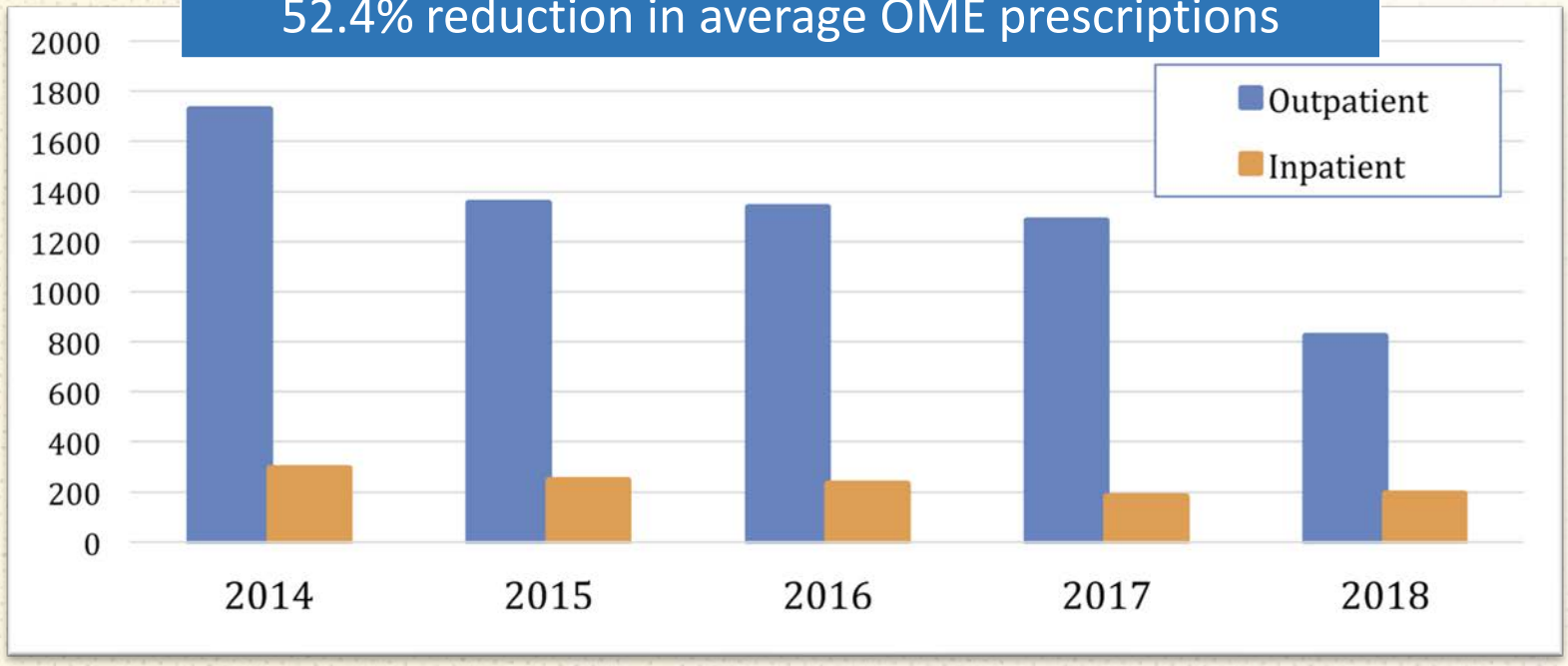
Outcomes



34.4% reduction in average inpatient oral morphine equivalent (OME) consumption

52.4% reduction in average OME prescriptions



Outcomes

Contents lists available at ScienceDirect

The Journal of Arthroplasty

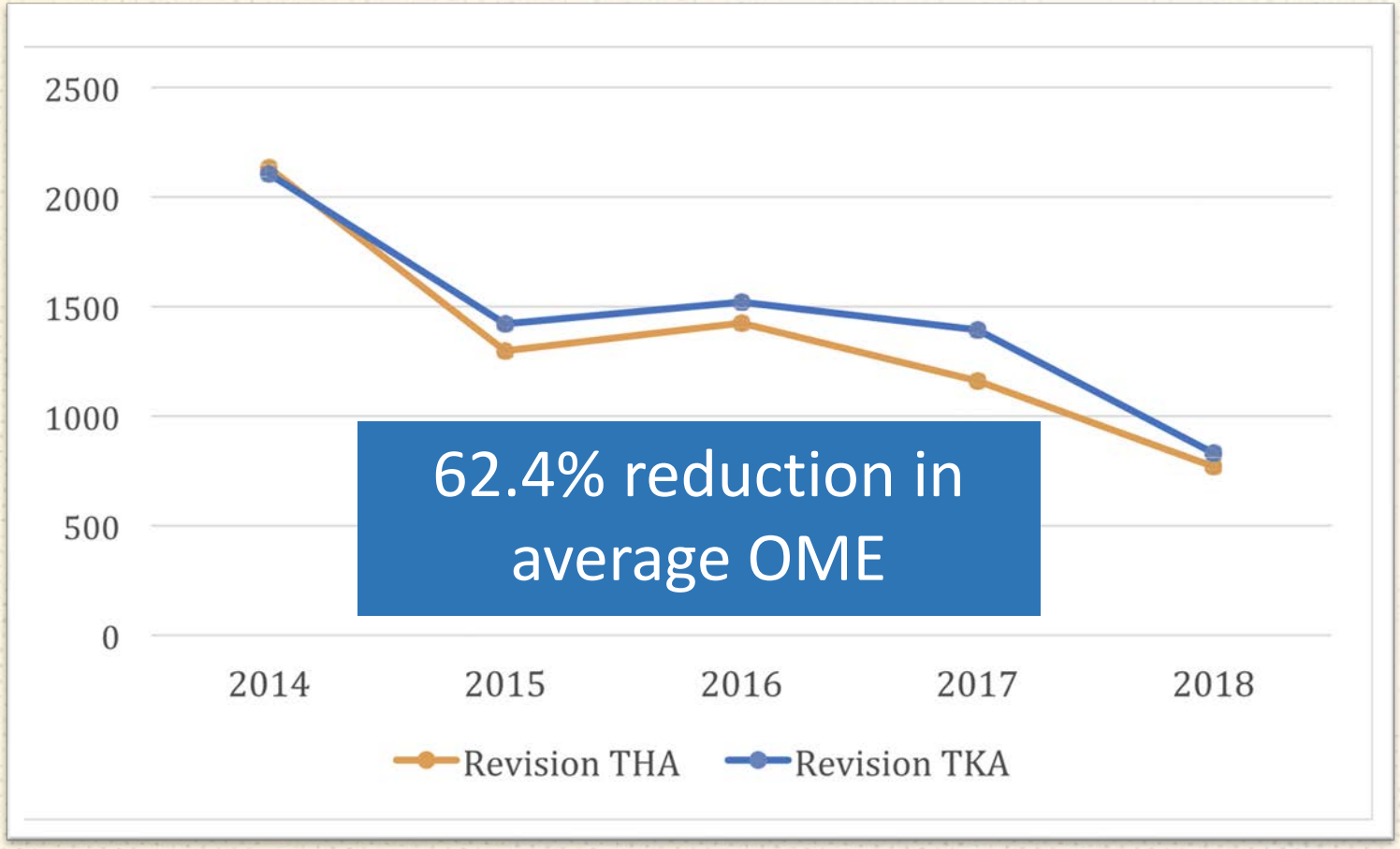
journal homepage: www.arthroplastyjournal.org

Revision Arthroplasty

Revision Arthroplasty Does Not Require More Opioids Than Primaries: A Review of Prescribing Practices After Implementation of a Structured Perioperative Pain Management Strategy

Justin T. Deen, MD [a,*], William Z. Stone, MD [a], Chancellor F. Gray, MD [a], Hernan A. Prieto, MD [a], Dane A. Iams, MD [b], Andre P. Boezaart, MD, PhD [c], Hari K. Parvataneni, MD [a]

[a] Department of Orthopaedics and Rehabilitation, University of Florida College of Medicine, Gainesville, FL



Outcomes

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	2014 (Pre-intervention)	**2018** (Final year post-implementation)
Inpatient		
Primary TJA	260.4	157.3
Revision TJA	396.6	299.3
	↓	↓
	Δ136.2 *(p<0.001)*	Δ142.0 *(p<0.001)*
Outpatient		
Primary TJA	1601.0	830.3
Revision TJA	2122.6	798.7
	↓	↓
	Δ521.6 *(p<0.001)*	**Δ-31.6 *(p<0.84)***

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Arthroplasty Today 7 (2021) 268–272

Contents lists available at ScienceDirect

Arthroplasty Today

journal homepage: http://www.arthroplastytoday.org/

Original research

The Effect of the COVID-19 Pandemic on Hip and Knee Arthro Patients in the United States: A Multicenter Update to the Pre Survey

Timothy S. Brown, MD [a,*], Nicholas A. Bedard, MD [a], Edward O. Rojas, MD [a], Christopher A. Anthony, MD [b], Ran Schwarzkopf, MD [c], Jeffrey B. Stambough, M Sumon Nandi, MD, MBA [e], Hernan Prieto, MD [f], Javad Parvizi, MD, FRCS [g], Stefano A. Bini, MD [h], Carlos A. Higuera, MD [i], Nicholas S. Piuzzi, MD [j], Michael Blankstein, MD [k], Samuel S. Wellman, MD [l], Matthew J. Dietz, MD [m], Jason M. Jennings, MD [n], Vinod Dasa, MD [o], AAHKS Research Committee

THE BONE & JOINT JOURNAL EST. 1948

■ ARTHROPLASTY

The number of patients "worse than death" while waiting for a hip or knee arthroplasty has nearly doubled during the COVID-19 pandemic

A UK NATIONWIDE SURVEY

N. D. Clement, C. E. H. Scott, J. R. D. Murray, C. R. Howie, D. J. Deehan, IMPACT-Restart Collaboration

From IMPACT Restart Collaboration, UK

Aims

The aim of this study was to assess the quality of life of patients on the waiting list for a total hip (THA) or knee arthroplasty (KA) during the COVID-19 pandemic. Secondary aims were to assess whether length of time on the waiting list influenced quality of life and rate of deferral of surgery.

Contents lists available at ScienceDirect

Arthropl

journal homepage: http://

Original research

Pain and Anxiety due to the COVID-19 P With Delayed Elective Hip and Knee Ar

Nick R. Johnson, MD [a,c,*], Susan Odum, PhD [b,c], Ja Keith A. Fehring, MD [d], Bryan D. Springer, MD [c,d], J

ORIGINAL RESEARCH

Impact of COVID-19 on opioid use in those awaiting hip and knee arthroplasty: a retrospective cohort study

Luke Farrow [1,2] William T Gardner,[1,2] Chee Chee Tang,[2] Rachel Low,[1] Patrice Forget,[1,2] George Patrick Ashcroft[1,2]

Legislative Pressures

January 2019

January 2020

Shift in Site of Care

Contents lists available at ScienceDirect

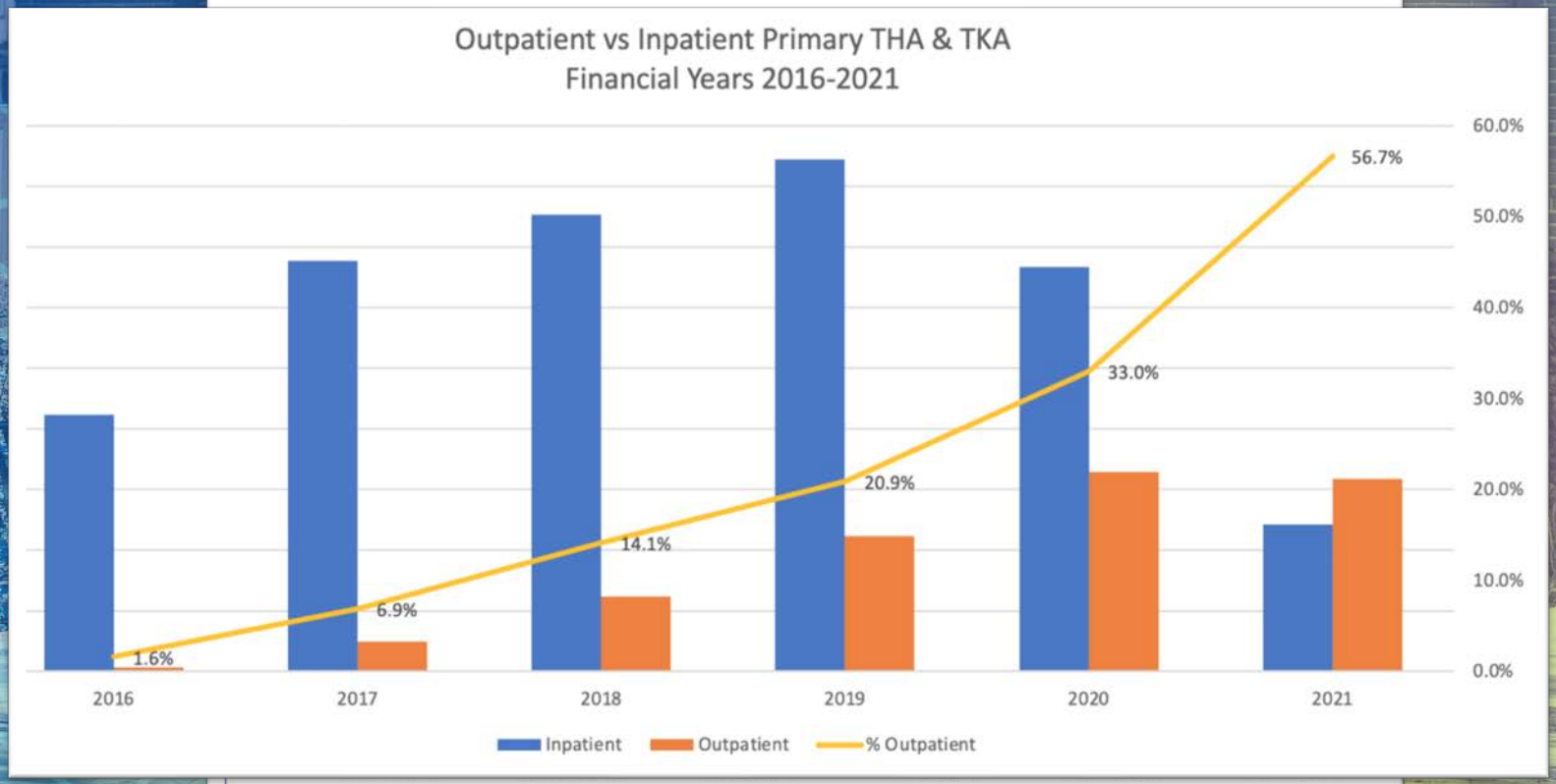
Arthroplasty Today

journal homepage: http://www.arthroplastytoday.org/

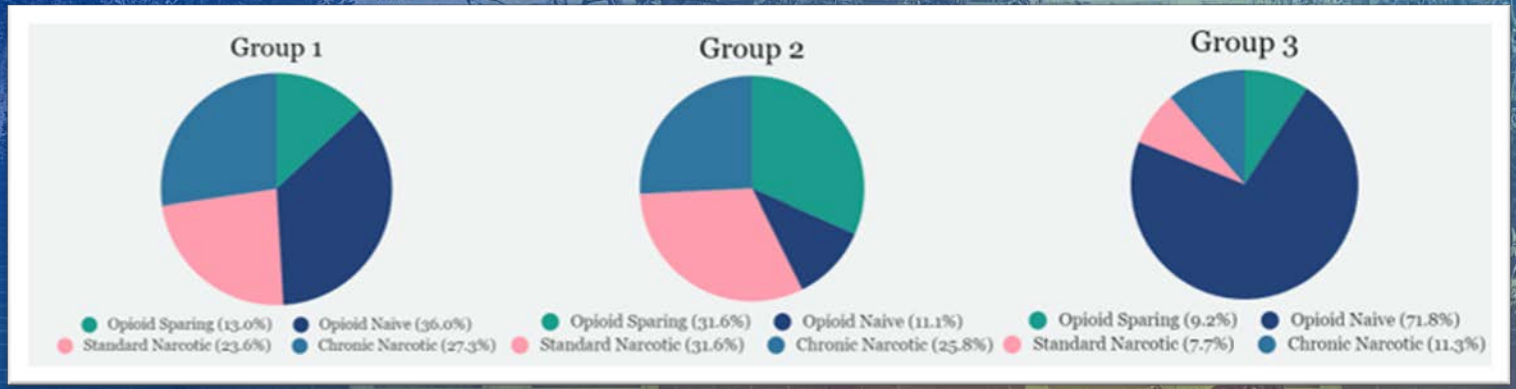
Original research

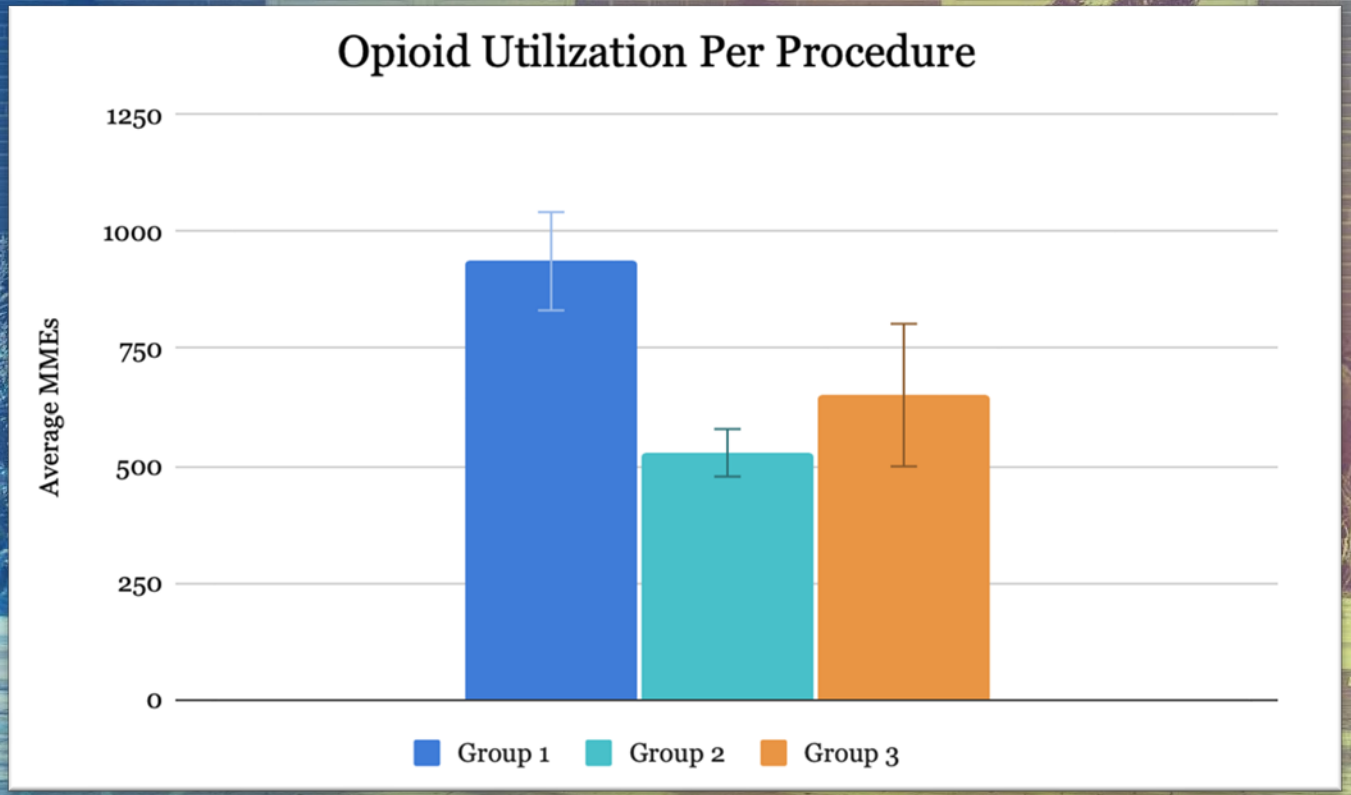
Arthroplasty During COVID-19: Surveillance of AAHKS Members in the First Year of the Pandemic

Jeffrey B. Stambough, MD [a,*], Justin T. Deen, MD [b], Sharon L. Walton, MD [c], Joshua M. Kerr, MA [d], Michael J. Zarski, JD [d], Adolph J. Yates Jr., MD, FAAOS, FAOA [e], John P. Andrawis, MD, MBA [f]

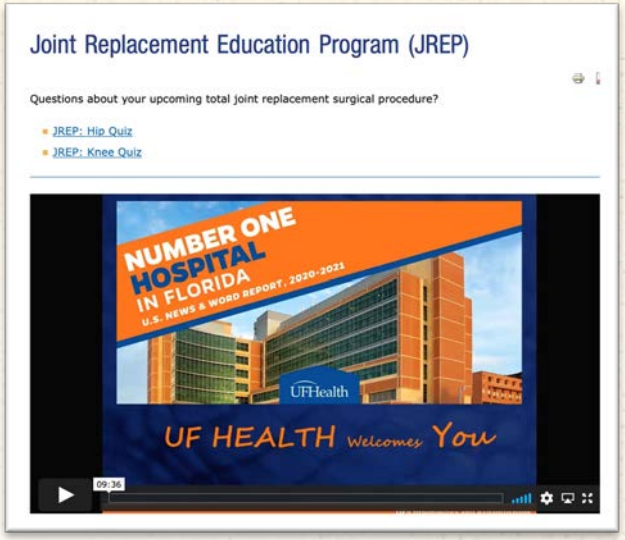


Divisional Response





Lessons Learned



- Patient engagement is more important than ever
  - Structured, stratified pathways
  - Increased reliance on education and expectation management
    - Appropriate use
    - Management of adverse effects
    - Disposal
- Opportunity to leverage mandates and technology to create more personalized, targeted prescriptions
- Convenience must be weighed against appropriateness

Summary

- Clinical Impacts
  - Accelerated shift in site of service
  - Reduced face-to-face interaction
  - Downward legislative pressures
- Key Responses
  - Physician conceptualized/operationalized initiatives
  - Multidisciplinary participation with buy-in at all levels
  - Structured pathways with flexibility for personalization
  - Patient-centered, multimedia opportunities for education/engagement
  - Mechanism for data collection and monitoring

- AAHKS for engaging young surgeons and fostering professional development
- Health Policy Fellowship for the exceptional and impactful experience
- Local mentors/partners for promoting a “Purpose-Driven” culture