Several studies have shown that giving opioids prior to surgery will lead to worse outcomes.

Increased preoperative opioid consumption, Modified Somatic Perception Questionnaire score, and Zung Depression Scale score prior to undergoing spine surgery predicted worse patient-reported outcomes. (Lee et al., 2014)

Patients who chronically use opioid medications prior to total knee arthroplasty may be at a substantially greater risk for complications and painful prolonged recoveries. (Zywiel, Stroh, & Lee, 2011)

Radcliff et al performed a trial comparing opioid to nonopioids in the treatment of back pain with radiculopathy from herniated disc. Their conclusion was that there was no difference in the 4-year outcome of both groups but that more people in the opioid group ended up having surgery. (Radcliff et al., 2013)

Even remifentanil given IV intraoperatively can lead to worse outcomes. It is felt that this is secondary to opioid-induced hyperalgesia causing an increased sensitivity to pain. (Kim, Stoica, Soghomonyan, & Bergese, 2014)

**Implications for Practice**

Based on this evidence, Dr. Don Teater notes the following implications for practice:

Opioids should be avoided preoperatively prior to surgery. If surgery is a possibility in the future for individuals with back, knee, or other orthopedic problems, acetaminophen with ibuprofen or other appropriate NSAID medications should be used rather than opioids for pain control. Other modalities should also be utilized.

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**Evidence Summary**


For more information, visit nsc.org/rxpainkillers