

EMBARGOED FOR RELEASE: 11 A.M. (ET), MONDAY, JULY 11, 2016

Media Advisory: To contact corresponding study author Eric C. Sun, M.D., Ph.D., call Becky Bach at 530-415 0507 or email retrout@stanford.edu.

Video and Audio Content: The *JAMA* Report video and audio will be available under embargo at 2 p.m. ET on Thursday at this [link](#) and include broadcast-quality downloadable video and audio files, B-roll, scripts and other images. Please email JAMAReport@synapticdigital.com with any questions.

To place an electronic embedded link in your story: Links will be live at the embargo time: <http://archinte.jamanetwork.com/article.aspx?doi=10.1001/jamainternmed.2016.3298>

JAMA Internal Medicine

Some Surgical Procedures Associated with Risk for Chronic Opioid Use

Common surgical procedures were associated with increased risk for chronic opioid use in the first year after surgery by opioid-naïve patients – those who had not filled a prescription for the pain relievers in the year prior to surgery – and some patients were particularly vulnerable, according to an article published online by *JAMA Internal Medicine*.

Opioid sales have increased dramatically over the last decade, especially to relieve noncancer pain, resulting in increased opioid-related overdoses and deaths. Previous research has suggested surgery is a risk for chronic opioid use.

Eric C. Sun, M.D., Ph.D., of Stanford University School of Medicine, California, and coauthors analyzed administrative health claims data for privately insured patients: 641,941 opioid-naïve surgical patients and more than 18 million opioid-naïve nonsurgical patients for comparison.

The authors' study defined chronic opioid use as having filled 10 or more prescriptions or more than 120 days' supply within the first year after surgery, excluding the first 90 postoperative days because some opioid use is likely expected during that period.

The study included 11 surgical procedures: simple mastectomy, transurethral prostate resection (TURP), cataract, functional endoscopic sinus surgery (FESS), cesarean delivery, open appendectomy, laparoscopic appendectomy, open cholecystectomy (gallbladder removal),

laparoscopic cholecystectomy, total hip arthroplasty (replacement, THA) and total knee arthroplasty (TKA).

The incidence of chronic opioid use in the first postoperative year ranged from 0.119 percent for cesarean delivery to 1.41 percent for TKA, according to the results. For nonsurgical patients, the baseline incidence of chronic opioid use was 0.136 percent.

Except for cataract surgery, laparoscopic appendectomy, FESS and TURP, all of the other surgical procedures were associated with increased risk of chronic opioid use, with some of the highest risk associated with TKA, open cholecystectomy, THA and simple mastectomy, study results indicate.

Patient factors associated with increased risk included being male, older than 50, and having a preoperative history of drug abuse, alcohol abuse, depression, benzodiazepine use or antidepressant use.

Study limitations included unobserved confounding and a study sample that was limited to privately insured patients ages 18 to 64, which may make the results not generalizable to other populations.

“Our results have several clinical implications. First, while we found that surgical patients are at an increased risk for chronic opioid use, the overall risk for chronic opioid use remains low among these patients, at less than 0.5 percent for most of the procedures that we examined. Thus, our results should not be taken as advocating that patients forgo surgery out of concerns for chronic opioid use. Rather, our results suggest that primary care clinicians and surgeons should monitor opioid use closely in the postsurgical period,” the study concludes.

(*JAMA Intern Med.* Published online July 11, 2016. doi:10.1001/jamainternmed.2016.3298. Available pre-embargo to the media at <http://media.jamanetwork.com>.)

Editor’s Note: The article contains funding/support disclosures. Please see the article for additional information, including other authors, author contributions and affiliations, financial disclosures, funding and support, etc.

#

**For more information, contact JAMA Network Media Relations at 312-464-JAMA (5262)
or email mediarelations@jamanetwork.org.**