Enhanced Recovery After Surgery (ERAS) was associated with reduced opioid prescriptions after surgery

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| Challenge | **While Enhanced Recovery After Surgery (ERAS) protocols have been shown to have several clinical advantages, including a reduction in inpatient opioid use, it is unknown whether such protocols, particularly as implemented within KPNC, are also effective in reducing postoperative outpatient opioid use.** |
| Existing Evidence | ERAS protocols, with their emphasis on non-opioid multimodal analgesia, have shown some effectiveness in reducing use of opioids among surgical patients while they remain in the hospital (Schwartz AR, et al., Int J Gynecol Cancer. 2019 Jun;29:935; Fay, et al., Obstet Gynecol 2019;113:119S); the effect of ERAS protocols on post-discharge opioid use is poorly understood. |
| Target Population | Surgical patients (in this case, elective colorectal and nonelective hip fracture surgical patients) |
| Intervention or Exposure | KPNC ERAS protocol |
| **Outcomes/Key Findings** | **The implementation of a health system-wide ERAS program was associated with substantial reductions in the rate of postoperative opioid fills between 180 and 365 days, starting from over 30% before implementation and falling to <10% at 1 year after implementation.** |
| **Resulting Action/Change** | **No changes specific to the results of this project; this work provides further supporting evidence for the dissemination and adherence to existing ERAS protocols** |
| Additional Recommendations | This supports evaluation of additional ERAS protocols for evaluating residual areas of persistent higher-than-expected opioid use. |
| Implementation Tools | ERAS protocols for opioid reduction |
| Implementation Measurement | Post-surgical opioid use |
| Reference | Liu VX, et al. Ann Surg. 2019 Dec;270(6):e69-e71. doi: 10.1097/SLA.0000000000003409 |