SignaVitae

Journal of Anesthesia, Intensive Care, Emergency and Pain Medicine

Special Issue

# Opioid Sparing Modalities in Perioperative and Critical Care Patients

*opioids sparing analgesia pain perioperative*

## Guest Editor

**Michael O'Neil, Pharm.D.**

Professor and Chair Department of Pharmacy Practice
Drug Diversion, Substance Abuse and Pain Management Consultant
South College School of Pharmacy, Knoxville, Tennessee, United States

Metropolitan Prescription Drug Council, Knoxville, TN-Board Member; Consultant, West Virginia Bureau of Criminal Investigation; Consultant, Drug Diversion Expert, United States Drug Enforcement Agency; Consultant, Drug Diversion Expert, U.S. Attorney's Office; Pain Management Consultant (local, State Regional Legislative and Medical Boards; Member of Tennessee Pharmacists Association; Chair of AACP Substance Abuse SIG, AACP; Member of American Academy of College of Pharmacy

**Interests:** Drug Diversion, Substance Use Disorders, Critical Care Management, Pain Management

**Email:** moneil@south.edu, michael.oneil.61@gmail.com

**Website:** https://www.south.edu/about/faculty-and-staff-directory/michael-oneil/

**Submission Deadline:** 28 March 2022

**Online Submission System:** https://js.signavitae.com/ch/author/login.aspx

## Cooperative Associations

대한심폐소생협회 Korean Association of CardioPulmonary Resuscitation

Associazione Italiana per lo Studio del Dolore AISD Italian Association for the Study of Pain

Ukranian Society of Regional anaeshesia and pain medicine

AMETD

European Society of Regional Anaesthesia HELLAS

Hellenic Perianaesthesia Nursing Organization E.ΠE.NO.E

UDRUŽENJE INTENZIVISTA SRBIJE

Le CMAR Club des Médecins Anesthésistes Réanimateurs

KSEM 대한응급의학회 The Korean Society of Emergency Medicine

ΠΑΡΗ·ΣΥ·Α· Ελληνική Εταιρία Θεραπείας Πόνου και Παρηγορικής Φροντίδας

SignaVitae

Journal of Anesthesia, Intensive Care, Emergency and Pain Medicine

Special Issue

# Opioid Sparing Modalities in Perioperative and Critical Care Patients opioids *sparing analgesia pain perioperative*

In spite of a variety of efforts to mitigate opioid misuse, prescription opioids remain one of the leading contributors in the current opioid epidemic. Opioid prescribing has increased substantially over the past two decades in the United States. However, more recent trends indicate the number of prescriptions for opioid has begun to decrease. The prescribing of opioids has contributed substantially to increases in overdoses, the need for addiction treatment, and overdose death. Recent data has indicated use of prescription opioids greater than a few days increases the risk of opioid dependence and misuse. Many states, as well as professional organizations, have developed opioid prescribing guidelines in an attempt to minimize unnecessary opioid prescribing and to minimize leftover medications that may potentially be misused or diverted.

Although guidelines and state regulations have started to limit prescribing, the management of moderate-to-severe postsurgical pain often remains difficult requiring high dose or prolonged use of opioids. A plethora of factors influence analgesic management in postoperative patients. Some of these include, but are not limited to, type of surgery, types of pain requiring treatment, severity of pain, co-occurring medical conditions, medication-disease interactions, medication-medication interactions, medication misuse history, risk of medication diversion, medication adherence, and cost.

A variety of perioperative strategies have aimed to minimize opioid use. Some of these include anesthetic techniques within the neuraxial system such as local nerve blocks, combinations of nonopioid analgesics like ketamine or clonidine, and alternative routes of medication administration. Perioperative strategies may include interventions performed immediately before the procedure, during the operative procedure, immediately following the procedure while in the hospital, and after discharge at home. Each of these perioperative phases has advantages and limitations that must be considered. For example, routes of medication administration such as intravenous or epidural require trained personnel compared to post discharge oral medications. Skill levels for monitoring patient analgesia response and potential adverse effects also vary significantly.

Regardless of the need to prescribe less opioids, these interventions may limit opioid analgesia intraoperatively, postoperatively in-hospital, and possible after discharge home. This special edition series will focus on the various roles of opioid sparing modalities in perioperative and intensive care patients.

**Keywords:** Opioid misuse, Prescription opioids, Postsurgical pain, Perioperative strategies, Critical care

Signa Vitae
Impact Factor: 0.338
Print ISSN: 1334-5605
Online ISSN: 1845-206X


Crossref
Scopus Preview
ELSEVIER
Indexed in
INDEX COPERNICUS INTERNATIONAL
Clarivate Web of Science™
CAS A DIVISION OF THE AMERICAN CHEMICAL SOCIETY