

# Consider the impact of your choices for postsurgical pain in women undergoing breast surgery



BREAST RECONSTRUCTION

## RECOVERY AFTER BREAST SURGERY INVOLVES MORE THAN JUST PHYSICAL HEALING

- In 2016, **109,256** breast reconstruction procedures were performed in the United States<sup>1</sup>
- Nearly **60%** of women undergoing mastectomy experienced severe postsurgical pain, and **75%** of women experienced severe pain immediately following reconstruction<sup>2</sup>
- As a diagnostic group, **women with breast cancer already face the risk of depression** and are particularly vulnerable after surgery<sup>3</sup>
- For many patients, **breast reconstruction and breast cancer surgery involve multiple procedures**, which can be physically and emotionally challenging over time<sup>4</sup>
- Effective postsurgical pain management plays an important role in patient satisfaction and sense of well-being<sup>5</sup>

## USING OPIOIDS CAN INTRODUCE ADDITIONAL CHALLENGES FOR WOMEN RECOVERING FROM BREAST RECONSTRUCTION OR BREAST CANCER SURGERY

Reliance on opioids for postsurgical pain can impact recovery, LOS, and patient satisfaction.

- Women with a history of PONV and postsurgical opioid use have as much as an **80%** risk of vomiting after breast reconstruction<sup>6</sup>
- An average LOS of 6.6 to 7.4 days with opioid use was common postsurgery in breast reconstruction<sup>7</sup>
- Women are **40%** more likely to become newly persistent users of opioids<sup>8</sup>
- Breast cancer survivors who use opioids are significantly less likely to adhere to adjuvant endocrine therapy<sup>9</sup>

## OPIOID MISUSE OR ABUSE CAN BEGIN FOLLOWING BREAST SURGERY

There is a **2 to 3 times** higher incidence of chronic opioid use in patients following simple mastectomy than many other commonly performed surgical procedures.<sup>10</sup>

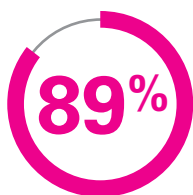
**19%** of breast surgery patients aged 45 to 64 years **continue to use opioids 90 to 120 days postsurgery**<sup>11</sup>

**≈13%** of women aged 40 to 59 years become newly persistent opioid users who **continue to use opioids 3 to 6 months postsurgery**<sup>8</sup>

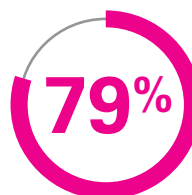
**99%** of surgical patients **have received postsurgical opioids**<sup>12\*</sup>

**>50%** of patients who use prescriptions for ≥90 days are estimated to **remain on opioids 5 years later**<sup>11</sup>

## IF ASKED, PATIENTS WOULD CHOOSE TO RECOVER WITH AN ALTERNATIVE TO OPIOIDS<sup>13†</sup>



of patients said they were **concerned about side effects, addiction, or dependence**<sup>13</sup>



of patients said they **preferred a non-opioid pain management option**<sup>13</sup>

LOS, length of stay; PONV, postoperative nausea and vomiting.

\*According to a retrospective study of hospital discharge data (N=37,031).<sup>12</sup>

†From a survey of 500 adults in the United States who had an orthopedic or soft tissue surgery, and 200 US surgeons who perform these procedures.<sup>13</sup>

# Choose opioid-reducing strategies to enhance recovery after breast surgery



BREAST RECONSTRUCTION

## MULTIMODAL APPROACHES WITH OR WITHOUT ERAS PROTOCOLS HAVE DEMONSTRATED BENEFITS IN BREAST SURGERIES

Protocol implementation can positively impact recovery.<sup>14</sup>

- **35%** shorter LOS<sup>15</sup>
- **71%** decrease in opioid use<sup>14</sup>
- No reported increase in pain or complications<sup>15</sup>

## THE BREAST RECONSTRUCTION ADVISORY GROUP SUPPORTS THE USE OF OPIOID-REDUCING PAIN MANAGEMENT STRATEGIES<sup>16</sup>

*“The authors propose an opioid-sparing multimodal analgesic clinical pathway for 4 common breast procedures...”<sup>16</sup>*

—Breast Reconstruction Advisory Group, 2015 Guidelines

## LOCAL AND REGIONAL ANALGESIA ARE IMPORTANT COMPONENTS OF OPIOID-REDUCING, MULTIMODAL PAIN MANAGEMENT STRATEGIES<sup>16</sup>

### Local analgesic infiltration

directly targets pain at its source and is not associated with major side effects<sup>17</sup>

### Local anesthetic field blocks

can effectively provide regional anesthesia for breast surgeries<sup>18</sup>

New modalities, along with long-lasting local analgesic pain control, can reduce the need for opioids when used as part of a multimodal pain management approach.<sup>18</sup>

ERAS, Enhanced Recovery After Surgery.

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