

Choices in postsurgical pain management may impact recovery after colorectal surgery



COLORECTAL

COLORECTAL SURGERY IS ONE OF THE MOST COMMON AND PAINFUL SURGERIES

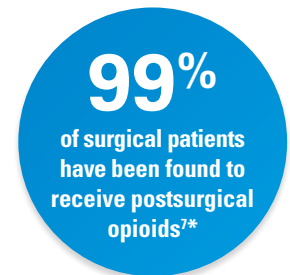
- **More than 600,000** colorectal procedures are performed each year in the United States¹
- Colorectal surgeries are **often ranked as one of the top 10 most painful procedures**²
- Laparoscopic techniques have been adopted, yet **52%** of colorectal surgeries are still open procedures³

RELIANCE ON OPIOIDS FOR POSTSURGICAL PAIN CAN IMPACT RECOVERY, LOS, AND PATIENT SATISFACTION

- **~20%** of patients undergoing open or laparoscopic colorectal surgery **may experience opioid-related adverse events**⁴

Opioids may contribute to the development of postoperative ileus, impeding recovery^{5,6}

- Associated with a **29% increase in hospital days** with over **\$1.75 billion in costs**⁶
- Delay in bowel motility can cause **patient discomfort** and **dissatisfaction**⁶



OPIOID MISUSE OR ABUSE CAN BEGIN AFTER COLORECTAL SURGERY

1 in 15 patients prescribed an opioid for postsurgical pain will **go on to long-term use**^{8†}



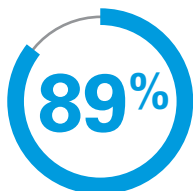
0 to 252 pills are prescribed after colorectal surgery⁹

17.6% of opioid-naïve colectomy patients **continued using opioids 3 to 6 months postsurgery**¹⁰

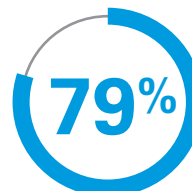


~25% of patients report **keeping unused pills at home**, leaving a substantial number of pills for potential misuse and diversion⁹

IF ASKED, PATIENTS WOULD CHOOSE TO RECOVER WITH AN ALTERNATIVE TO OPIOIDS^{11‡}



of patients said they were **concerned about side effects, addiction, or dependence**



of patients said they **preferred a non-opioid** pain management option

¹According to a retrospective study of hospital discharge data (N=37031).

²According to a prospective, longitudinal study (N=109). Preoperative opioid use, self-perceived risk of addiction, and depression were each independent predictors of prolonged (6 months) opioid use after surgery.

³From a survey of 500 adults in the US who had an orthopedic or soft-tissue surgery and 200 US surgeons who perform these procedures.

LOS=length of stay.

Opioid-reducing strategies are proven to enhance recovery after colorectal surgery



COLORECTAL

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

Protocol implementation can positively impact recovery¹²

- **70%** of patients don't use opioids¹³
- **84%** of patients have no postsurgical complications¹³
- **88%** of patients tolerate a normal diet on day 1¹³
- **50%** of patients have shorter LOS¹⁴
- Patient satisfaction survey (n=47) regarding¹²:
 - Pain control: **91%**
 - Discharge readiness: **93%**

ASCRS AND SAGES SUPPORT THE USE OF OPIOID-MINIMIZING PAIN-MANAGEMENT STRATEGIES¹⁵

"Multiple prospective studies have demonstrated that minimizing opioids is associated with earlier return of bowel function and shorter length of stay."

— ASCRS and SAGES 2017 Guidelines

LOCAL AND REGIONAL ANALGESIA ARE IMPORTANT COMPONENTS OF OPIOID-REDUCING, MULTIMODAL PAIN MANAGEMENT STRATEGIES¹⁵

Local analgesic infiltration

directly targets pain at its source and is not associated with major side effects¹⁶

Local anesthetic field blocks

can effectively provide regional anesthesia in abdominal surgeries¹⁷

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 APPROACH¹⁸

ASCRS=American Society of Colon and Rectal Surgeons; ERAS=enhanced recovery after surgery; SAGES=Society of American Gastrointestinal and Endoscopic Surgeons.

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