

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 States¹
- Nearly **60%** of women undergoing mastectomy experienced severe postsurgical pain and **75%** of women experienced severe pain immediately following reconstruction²
- As a diagnostic group, **women with breast cancer already face the risk of depression** and are particularly vulnerable after surgery³
- For many patients, **breast reconstruction and breast cancer surgery involve multiple procedures**, which can be physically and emotionally challenging over time⁴
- Effective postsurgical pain management plays an important role in patient satisfaction and sense of well-being⁵

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 reconstruction⁶
- An average LOS of 6.6 to 7.4 days with opioid use was common postsurgery in breast reconstruction⁷
- Women are **40%** more likely to become newly persistent users of opioids⁸
- Breast cancer survivors who use opioids are significantly less likely to adhere to adjuvant endocrine therapy⁹

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.¹⁰

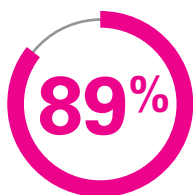
19% of breast surgery patients aged 45 to 64 years **continued to use opioids 90 to 120 days postsurgery**¹¹

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

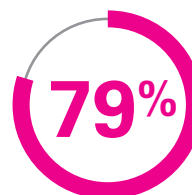
99% of surgical patients **have received postsurgical opioids**^{12*}

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

IF ASKED, PATIENTS WOULD CHOOSE TO RECOVER WITH AN ALTERNATIVE TO OPIOIDS^{13†}



of patients said they were **concerned about side effects, addiction, or dependence**¹³



of patients said they **preferred a non-opioid** pain management option¹³

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

*According to a retrospective study of hospital discharge data (N=37,031).¹²

†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.¹³

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.¹⁴

- **35%** shorter LOS¹⁵
- **71%** decrease in opioid use¹⁴
- No reported increase in pain or complications¹⁵

THE BREAST RECONSTRUCTION ADVISORY GROUP SUPPORTS THE USE OF OPIOID-MINIMIZING PAIN MANAGEMENT STRATEGIES¹⁶

"The authors propose an opioid-sparing multimodal analgesic clinical pathway for 4 common breast procedures..."¹⁶

—Breast Reconstruction Advisory Group, 2015 Guidelines

LOCAL AND REGIONAL ANALGESIA ARE IMPORTANT COMPONENTS OF OPIOID-REDUCING, MULTIMODAL PAIN MANAGEMENT STRATEGIES¹⁶

Local analgesic infiltration

directly targets pain at its source and is not associated with major side effects¹⁷

Local anesthetic field blocks

can effectively provide regional anesthesia for breast surgeries¹⁸

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.¹⁸

ERAS, enhanced recovery after surgery.

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