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

**RECOVERY AFTER BREAST SURGERY INVOLVES MORE THAN JUST PHYSICAL HEALING**
- In 2016, 109,256 breast reconstruction procedures were performed in the United States.
- Nearly 60% of women undergoing mastectomy experienced severe postsurgical pain and 75% of women experienced severe pain immediately following reconstruction.
- As a diagnostic group, women with breast cancer already face the risk of depression and are particularly vulnerable after surgery.
- For many patients, breast reconstruction and breast cancer surgery involve multiple procedures, which can be physically and emotionally challenging over time.
- Effective postsurgical pain management plays an important role in patient satisfaction and sense of well-being.

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

**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.

- 19% of breast surgery patients aged 45 to 64 years continued to use opioids 90 to 120 days postsurgery.
- ≈13% of women aged 40 to 59 years become newly persistent opioid users who continue to use opioids 3 to 6 months postsurgery.
- 99% of surgical patients have received postsurgical opioids.
- >50% of patients who used prescriptions for ≥90 days are estimated to remain on opioids 5 years later.

**IF ASKED, PATIENTS WOULD CHOOSE TO RECOVER WITH AN ALTERNATIVE TO OPIOIDS**
- 89% of patients said they were concerned about side effects, addiction, or dependence.
- 79% of patients said they preferred a non-opioid pain management option.

LOS, length of stay; PONV, postoperative nausea and vomiting.
*According to a retrospective study of hospital discharge data (N=37,031).
†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.
Choose opioid-reducing strategies to enhance recovery after breast surgery

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

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

“Protocol implementation can positively impact recovery.”

- 35% shorter LOS
- 71% decrease in opioid use
- No reported increase in pain or complications

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

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

Local analgesic infiltration directly targets pain at its source and is not associated with major side effects

Local anesthetic field blocks can effectively provide regional anesthesia for breast surgeries

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.

References: