**Discharging patients post-operatively on strong opioids: Are we all on the same page?**

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**Abstract**

**Background:** In the UK, the use of strong opioid drugs as pain-relief post-operatively has increased dramatically in the past decade.1,2 Whilst the frequency of opioid prescriptions has increased, the number of opioid misuse deaths and addiction cases have also continued to rise. Data from the Office of National Statistics3 indicates that from all reported drug misuse deaths in 2016, over half (57%) involved strong opioids such as tramadol. The Royal College of Anaesthetists have created information repository and extensive guidelinesfor appropriate opioid prescribing in order to prevent its misuse;4 but studies have found that guidelines are usually not followed in favour of professional judgement.5

**Aim:** To survey the healthcare professionals’ (doctors, senior nurses and pharmacists) awareness of current local guidelines on prescribing strong opioids post-operatively and to evaluate the quality of the information provided to patients and their GPs when discharged home with strong opioids.

**Methodology:** This cross-sectional study obtained data from discharge summaries of patients being discharged post-operatively with strong opioid medication during a 5-week period. These patients were surveyed regarding their experiences of taking strong opioids and the information provided to them upon discharge. Clinicians on the wards were requested to complete a survey regarding their clinical practices when discharging patients on strong opioids.

**Results:** Discharge summaries of 21 post-operative patients being discharged with strong opioid medication were audited for this project and 10 of these patients provided information about their experiences of taking strong opioids and the information provided to them upon discharge. A clinician survey was obtained from 22 members of staff**.** Five percent of discharge summaries mentioned the effect of strong opioids on driving. Similarly, only 5% of discharge summaries gave instructions to continue with non-opioid analgesia if pain persisted. Clear instructions to the GP to reduce the strong opioid was mentioned in 62% of discharge letters. A lack of quality in patients’ strong opioid counselling experiences and deficiencies in clinicians’ awareness of current guidelines were observed. On a positive note. 86% of clinicians stated that they would like to know more about the current relevant guidelines.

**Conclusion:** This study demonstrates the potential contributory effect of discharge practices towards the increasing problem of opioid dependency in the UK. There is a strong need for clearer, more informative discharge summaries to keep GP’s better informed and to document information given to patients, ensuring adequate counselling. Although there is a lack of awareness of current guidelines, clinicians are taking a step in the right direction as they seem keen to keep up-to date. In conclusion, this study demonstrates a need for current guidelines to be better publicised to keep clinicians well informed as to the standards of good clinical practise in discharging patients post-operatively on strong opioids.

**References**

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