Highlights from the Current Issue: March 2019

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The new year is progressing steadily, and we are all enduring the winter months and hoping for the days of spring just ahead. One of the most critical issues in current medicine is opioid use and abuse. These concerns are present across all medical specialties, including otolaryngology–head and neck surgery. The five papers that we feature in these March highlights all address the topic of opioid use in otolaryngology–head and neck surgery.

In our first paper, Saraswathula and colleagues examine the prevalence of persistent postoperative opioid use and its risk factors among older patients with head and neck cancer. Using the Surveillance, Epidemiology and End Results database, the authors evaluated 866 patients with head and neck cancer treated between 2008 and 2013 who received opioid prescriptions following surgery. Of those 866 patients, 33.3% were continuing to receive opioid prescriptions >90 days following discharge after surgery. Of note, there was a significant difference in persistent opioid usage between individuals previously treated with opioids (48.3%) and those who were opioid naïve (18.5%; odds ratio = 3.96). In addition, patients treated with postoperative radiotherapy and those with higher comorbidity indices had significantly higher risks of persistent opioid use. Saraswathula and colleagues note the differential persistent use of opioids among various cohorts of patients treated for head and neck cancer and further discuss the implications of their findings for patient treatment.

In our second paper, McDermott and colleagues evaluated the patterns of acute and chronic opioid usage among patients undergoing treatment for head and neck cancer. Using the Surveillance, Epidemiology and End Results database, the authors examined 976 patients with oral cavity and oropharyngeal cancer between 2008 and 2011. Of this index group, 811 (83.1%) patients were prescribed opioids following cancer treatment. Of these individuals, 150 (15.4%) continued to receive opioid prescriptions at 90 days following treatment. The most significant association that predicted persistent opioid use was prior use of opioid medications before cancer treatment (odds ratio = 3.28). McDermott and colleagues again note the common persistent use of opioids following treatment for head and neck cancer and describe those factors that are associated with increased risks of persistent opioid use.

In the third paper, Long and associates examine the patterns of opioid usage among patients following thyroid and parathyroid surgery. The authors evaluated the medical records of 237 adult patients who underwent surgery in a single institution, and they assessed patient-reported pain scores and medication usage. At discharge, most patients had minimal pain scores reported. Those patients with length of stays increased by ≥1 days had higher self-reported pain scores and required significantly greater opioid use during hospitalization. The amount of opioid medications used during hospitalization was significantly associated with preoperative opioid use. In addition, the mean number of opioid pills prescribed at discharge was 43.1 (range, 0-120). On the basis of their analysis, Long and colleagues noted that the amount of opioid medication prescribed at discharge was often in excess of that required for postoperative management following thyroid and parathyroid surgery. They discuss the implications of their findings for clinical practice.

In the fourth manuscript, Tharakan and colleagues evaluate the opioid-prescribing patterns following thyroidectomy and parathyroidectomy. The authors assessed 209 patients who underwent surgery, 89 of whom completed a postoperative phone survey in which they assessed pain, comorbidities, and opioid use. The survey demonstrated that patients used only 19.7% of those pills prescribed at discharge, with 10 pills being necessary for adequate pain control following surgery for >80% of patients. Patients with comorbidities often used higher numbers of pills for their pain. Tharakan and associates report that excess opioids are frequently prescribed by endocrine surgeons and that a better pattern of postoperative analgesia can more effectively control pain with less use of opioid medications.

Finally, in our fifth manuscript, Locketz and colleagues examined use of opioid medications among patients undergoing sinonasal surgery. They performed a multi-institutional survey of 219 patients for opioid use in the 4 days following surgery. The authors noted that 61% of patients took ≤5 pills following surgery, with 23% taking no opioid medications at all. They also noted that smokers reported higher pain scores and required higher amounts of opioid medications for pain control. On the basis of their analysis, Locketz and colleagues conclude that 15 combined

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oxycodone-acetaminophen pills provide sufficient postoperative analgesia for 90% of patients undergoing sinonasal surgery. They further note the opportunity for prescribing fewer numbers of pills for these patients.

We are pleased to bring this focused section on opioid use in otolaryngology–head and neck surgery to our readers this month. These papers demonstrate an opportunity for otolaryngologists to avoid excessive prescription of opioid medications for our patients and to understand which of our patients may be at greater risk of opioid misuse. We hope you enjoy this focused section, as well as the other excellent papers featured this month. Stay warm!

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References