

# “How Do I Treat Pain in a Patient With Opioid Addiction?”

## SCOPE of Pain Colleague to Colleague Podcast #19

Welcome back to the *SCOPE of Pain* Podcast Series. This is Dr. Daniel Alford, Professor of Medicine and Course Director of the Boston University School of Medicine *SCOPE of Pain* program. We will now discuss treating acute postoperative pain in a patient with opioid use disorder on buprenorphine.

Your surgical colleague asks if your patient who is taking buprenorphine for his opioid use disorder should stop the buprenorphine before hip replacement surgery and requests your guidance on how to manage postoperative pain in this patient. What will you recommend in managing postoperative pain in a patient maintained on buprenorphine?

We know from experimental studies that patients with a history of opioid use disorder have less pain tolerance. In other words, they're more pain sensitive than patients without an addiction history. Even patients with an opioid use disorder on medication treatment with buprenorphine or methadone have less pain tolerance than matched controls.

Historically, there was a theoretical concern that buprenorphine would block the effects of subsequently administered opioid analgesics, but preclinical and clinical studies now suggest the concurrent use of opioid analgesics in patients maintained on buprenorphine is effective.

A prospective, matched cohort study of patients with opioid use disorder undergoing joint replacement surgery while maintained on buprenorphine found that while patients required significantly higher doses of opioids to control their postoperative pain compared to controls, there was no significant difference with respect to length of stay, functional outcomes and postoperative complications.

So, for this patient, you should recommend continued buprenorphine during the perioperative period, and titrate a short-acting opioid analgesic for pain management. Because the patient is likely more pain sensitive, you may need to use higher doses of opioid analgesics. It'll be important to discuss this recommendation of continuing the buprenorphine during the perioperative period with the surgical and anesthesiology teams, since many clinicians still believe that buprenorphine will prevent postoperative pain control, and therefore must be stopped preoperatively.

How to manage pain in patients with opioid use disorder is addressed in the *SCOPE of Pain* program. You are not alone in facing these challenging issues.

Thanks for listening.

Be sure to check back often, as new Podcasts will be added throughout the year.

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