

Post-Operative Opioid Usage and Disposal After Hip Arthroscopy: A Prospective Cohort Analysis

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INTRODUCTION: Opioids have long been a feature of pain management following hip arthroscopy; however, prescriptions are wide-ranging and leftover opioids may contribute to the opioid epidemic. Thus, the purpose of this study is to prospectively (1) quantify patient opioid consumption and disposal methods following primary hip arthroscopy, (2) establish demographic, radiographic, and intra-operative, predictors of increased postoperative opioid use, and 3) evaluate the relationship between postoperative opioid and non-steroidal anti-inflammatory drug (NSAID) usage.

METHODS: IRB approval was obtained for this study. A prospective cohort study was conducted of patients who underwent hip arthroscopy at a single institution. Patient inclusion criteria included patients ≥ 18 years who were clinically indicated for hip arthroscopy for symptomatic labral tear secondary to femoroacetabular impingement and returned a completed post-operative pain and medication (opioids and non-steroidal anti-inflammatory drugs (NSAID) use) log at suture removal. Exclusion criteria included previous surgery on the ipsilateral hip.

RESULTS: A total of 87 patients met inclusion criteria (47.1% female; mean age \pm SD: 32.4 \pm 9.34). The range of prescriptions was 20-60 five mg oxycodone tablets. The mean number of opioid tablets taken was 7.81 \pm 8.40 and 90% of patients consumed < 21 tablets. When patients ceased opioid use, the majority (71%) kept the leftovers at home rather than disposing of them and the mean number of leftover tablets was 28. On a Poisson regression, the number of opioids taken significantly increased with increased area deprivation index ($p=.01$), pain scores after surgery ($p=.002$), BMI ($p<.001$), and a Tönnis grade of one ($p<.001$). Furthermore, greater opioid usage was seen in males than females ($p<.001$). The number of opioids taken decreased with increased age ($p=.01$). There was no significant relationship between the number of opioids taken and the number of NSAIDs taken.

DISCUSSION: The goals of this study were to quantify opioid use following hip arthroscopy. Hip arthroscopy patients often take less opioids than prescribed. Certain demographics and morphology could be considered in perioperative pain management. As patients often kept the leftover opioids at home, limitations on the amount prescribed as well as disposal education are recommended.

CLINICAL RELEVANCE: Limitations on opioid prescriptions can reduce the amount of leftover opioids in communities. Provider and patient awareness of pain management needs is crucial to mitigating the potential harms of overprescription.

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IMAGES AND TABLES: None