

**Appendix 1** to Feinberg AE, Acuna SA, Smith D, et al. Optimizing opioid prescriptions after laparoscopic appendectomy and cholecystectomy. *Can J Surg* 2020.

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# Enrollment Form

## NYGH Post-Discharge Opioid Prescription Use Study - General Surgery

Anesthetist: \_\_\_\_\_

Place patient sticker here

Best phone number to be reached at: \_\_\_\_\_

(cut) -----

Emergency Surgery	Y	N
Open surgery	Y	N
History of Addiction <i>(abuse of alcohol, opioids, <u>benzos</u>, or other drugs)</i>	Y	N
Psychiatric History <i>(psychiatric diagnosis or on medications for a psychiatric disorder)</i>	Y	N
Chronic Pain History <i>(a chronic pain diagnosis or any other chronic pain condition, ie fibromyalgia, CRPS)</i>	Y	N
History of long term Opioid Use <i>(Patient currently using an opioid at home for over 1 month)</i>	Y	N

Best time to be reached for follow-up: \_\_\_\_\_

Discharge Prescription as per surgeon/resident: \_\_\_\_\_

## Discharge Questionnaire

Question	Answer	Survey Logic
1. After coming home from the hospital: how many of the opioid pain pills you were prescribed did you take?		
2. Why did you not take any prescribed opioid pills?	I did not receive a prescription	Ask if answer to #1 is 0 pills taken
	I did not fill the prescription	
	I filled the prescription but did not take any of the medication	
	I had other opioids available	
3. Why did you not take all the prescribed opioid pain pills	Pain was controlled without taking all the pills	Ask if answer to #1 less than the total number of prescribed pills
	Side effects were too strong	
	Other	
4. Did you require another prescription for opioids?	Yes	Ask if answer to #1 is equal to or greater than the <u>Total</u> number of opioids prescribed.
	No	
5. After coming home from the hospital what was your average daily pain score?	0 (no pain)	
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10(worst possible pain)	
6. How satisfied were you with your pain control	Very satisfied	
	Satisfied	
	Somewhat satisfied	
	Somewhat <del>unsatisfied</del>	
	Unsatisfied	
	very <del>unsatisfied</del>	
7. Where did you store the left-over opioid pain pills	cupboard/wardrobe	
	medicine cabinet/other box	
	fridge	
	other	
	Opioid pain pills were disposed of	
8. Is the storage location <del>locked</del>	Yes	
	No	
9. Where was the medication disposed of	household garbage	Ask if the answer to #7 was opioid pain pills were disposed of
	Sink or toilet	
	returned to pharmacy	
	other	
10. Were you given any education/instructions on where to store and/or dispose of <del>opioids</del> .	yes	
	no	

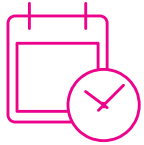


# Opioids for pain after day surgery: Your questions answered



## 1. Changes?

**Opioid and non-opioids have been prescribed for you to treat pain after surgery.** Opioids (such as morphine) are generally used to treat severe pain. Non-opioids (such as acetaminophen, ibuprofen) are used to treat mild to moderate pain. Both can be used together to manage your pain. Other methods that can be combined to reduce pain include using ice, relaxation techniques, etc. Ask about which options are best for you to treat pain. Know your pain control plan.



## 2. Continue?

**Opioids are usually required for less than 1 week.** As you continue to recover from your surgery, your pain should get better day by day. As you get better, you will need less opioid and non-opioid pain medication.



## 3. Proper Use?

**Use the lowest possible dose for the shortest possible time.** It will take 30 to 60 minutes for the pain medication pill to start working. Do not drive a car while taking opioids. Avoid alcohol and sleeping pills (e.g. benzodiazepines like lorazepam) while taking opioids. Overdose and addiction can occur with opioids.



## 4. Monitor?

**Side effects of opioids include: drowsiness, constipation, nausea, vomiting, itching and dizziness.** Contact your healthcare provider if you have any medical concerns. Go to the emergency department if you have severe symptoms (e.g. fevers, difficulty breathing, chest pain, persistent nausea, vomiting or diarrhea).



## 5. Follow-Up?

**Ask your prescriber when your pain should get better.** If your pain is not improving as expected, or if your pain is not well controlled, talk to your healthcare provider.

# Prevent Medication Accidents

It is important to:



## Store Safely

Store your opioid medication in a secure place; out of reach and out of sight from children, teens and pets.



## Dispose Safely

Take all unused and expired medications back to a pharmacy for safe disposal. Talk with your pharmacist if you have any questions. For locations that accept returns:

☎ 1-844-535-8889 [🔗 healthsteward.ca](https://healthsteward.ca)



## Never share

your opioid medication with anyone else.

**What is the risk?** Unused medications can pose a serious hazard to both yourself and others. Unused, unwanted or expired medications should be disposed of as soon as possible when no longer needed to prevent accidental exposure or abuse by others.

## Did you know?



**16 Canadians are hospitalized each day with opioid poisoning. Those aged 15 to 24 years old have the fastest growing rate of hospitalizations.**

— Canadian Institute for Health Information, 2017



**In 2016, opioids were responsible for 50% more deaths than car crashes.**

— Public Health Agency of Canada, 2017



**1 in 10 high school-aged teens in Ontario have tried an opioid medication recreationally.**

— Centre for Addiction and Mental Health, 2015

## Examples of opioids used for pain after surgery:

hydromorphone

morphine

codeine

oxycodone

tramadol

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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