

PENNSYLVANIA OPIOID SURGICAL STEWARDSHIP ENTERPRISE OPIOID DISCHARGE GUIDELINES*

In recognition of the need to balance managing post-surgical pain with conducting responsible stewardship to prevent opioid use disorder in surgical patients, the Pennsylvania Opioid Surgical Stewardship Enterprise (POSSE) Steering Committee has performed a comparative evaluation of existing prescribing guidelines for opioid naïve patients. The following is a recommended set of procedure-specific guidelines for POSSE collaborative participants. These guidelines should serve as a reference and may be modified in accordance with the type of anesthesia used, concomitant use of non-opioid pain treatments, patient response, and any other patient considerations.

Guidelines for Opioid-Naïve Patients	
Procedure	# Pills to be Prescribed at Discharge[†] (Oxycodone 5 mg. or Hydromorphone 2 mg.)
Appendectomy	
▪ Minimally Invasive	0-10
▪ Open	0-10
Cholecystectomy	
▪ Minimally Invasive	0-10
▪ Open	0-10
Colectomy	
▪ Minimally Invasive	0-10
▪ Open	10-20
Hiatal hernia	
▪ Minimally Invasive	0-10
▪ Open	0-10
Inguinal hernia	
▪ Minimally Invasive	0-10
▪ Open	0-10
Ventral hernia	
▪ Minimally Invasive	0-10
▪ Open	10-20
Hysterectomy	
▪ Minimally Invasive	0-10
▪ Open	10-20
Total hip arthroplasty	10-20
Total knee arthroplasty	10-20
Spine	10-20
Nephrectomy	
▪ Minimally Invasive	0-10
▪ Open	10-20
Aortoiliac surgery	
▪ Endovascular	0-10
▪ Open	10-20
Peripheral vascular bypass	
▪ Endovascular	0-10
▪ Open	10-20

[†] For patients discharged after post-op day 1, use of opioids in the 24 hours before discharge can further guide the amount prescribed.