

## Case 110: patient in recovery post-op

Station #: N/A

### **Patient Information**

**Name:** Pat Sheehan

**Age:** age as per SP (and gender)

**Marital Status:** single with cohabitating partner

**Children:** 1 (age per SP 7-adult) and estranged and living with ex-spouse

**Occupation:** mid-level manager

**Setting:** Recovery room gurney hours after urgent appendectomy. Plan was for laparoscopic surgery but it had to be converted to open intraoperatively. Patient had general anesthesia, awoke 2 hours ago and surgeon told pt. that surgery was converted to open at that time. Pre-op the possibility of open surgery had been discussed but NOT the potential need for opiate medications to control pain. Patient is afebrile, BP is stable and complains of incisional pain. Patient appears uncomfortable and anxious. Pt. has received acetaminophen, gabapentin and COX-2 inhibitor.

### **Additional history:**

- Began using opioids 5 years ago when given oxycodone for 2 mos after ankle surgery; patient noted it helped pain, anxiety and general mood and started buying it from friends. Transitioned to heroin after about 6 months as it was cheaper and stronger.
- 2 unintentional ODs in the last 3 years; 3 inpatient opioid detox programs; has not used heroin in 1 year
- Met partner at NA, together for about 20 mos.
- Mother: DM, depression; Brother: ok after angioplasty in his 50's
- Smokes 1ppd cigarettes since 18; little exercise as it worsens ankle pain

### **Pain and functional assessment**

- Ankle pain is 0-2/10 at rest, 3-4/10 at its worst with use; denies suicidal ideation, intent or plan

**Outpatient medications:** none prescribed.

### **Learner's tasks:**

1. Take a substance use history.
2. Discuss the risks and benefits of opioid and non-opioid pain management while in recovery.
3. Prepare an evidence-based and patient-centered pain management plan that treats pain and maintains recovery.
4. Assess the patient's insight and confidence in the ability to follow this plan
5. Counsel the patient regarding the chronic nature of substance use disorder as a disease and demonstrate empathy.
6. Recognize own bias in prescribing opiate medications to a patient with substance misuse disorder in recovery (use inclusive and supportive language)

Use this space to record feedback to provide to interviewer and also collect points to support ongoing review and learning.

Notes/Observations:

+

Δ

**Key Points:**

- Patients with substance misuse disorder can be successfully treated for short-term pain using opiates while maintaining recovery. This requires careful planning such as engaging patient support systems (family, SO) to fill, hold and dispense prescribed opiate medications and provide ongoing recovery support. It is important to raise this possibility even in planned laparoscopic surgeries as sometimes conversion to an open procedure is required.
- People with a history of substance misuse may have a higher tolerance to pain medications even when they are in recovery, and thus may require higher doses for appropriate analgesia.
- Opiate misuse disorder is a chronic disease. Patients should be counseled to seek support to maintain behavioral change, identify triggers that may promote relapse, and set proactive plans should these arise.
- Providers should recognize their own bias and discomfort in prescribing necessary short-term opiate pain medications to patients in recovery.