

INTRODUCTION

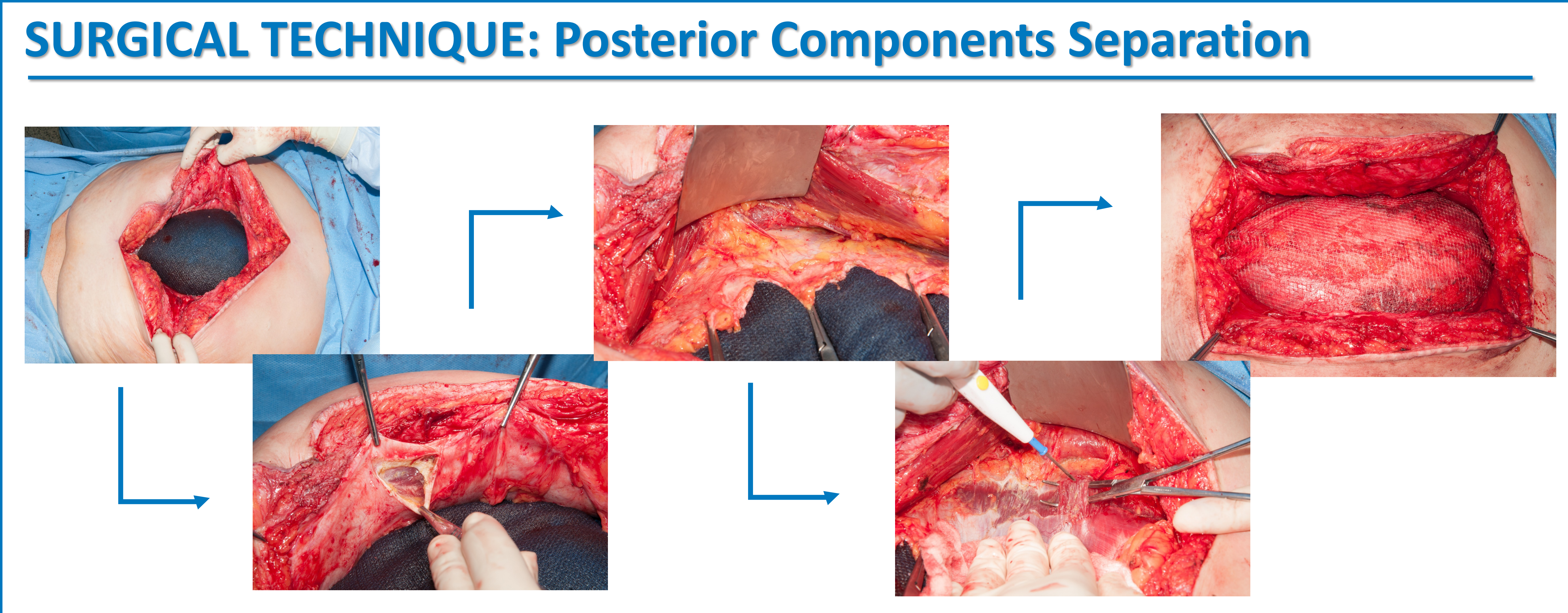
- The recent opioid crisis has highlighted the importance of perioperative opioid consumption and surgery
- Little is known about how patients' preoperative knowledge and perceptions regarding opioid medications may affect postoperative opioid utilization
- Aim: Evaluate the relationship between patient perceptions of opioids and postoperative opioid use after abdominal wall reconstruction (AWR), hypothesizing that well-informed patients would use fewer inpatient opioids compared to patients with less knowledge about opioids.

METHODS

- All patients undergoing open AWR between February 2019 and February 2020 were prospectively identified
- Patients were asked to participate in a recorded preoperative interview
- Interview evaluated previous opioid exposure, knowledge of opioid addiction, safety, and side effects

METHODS

- Two independent coders classified patients as being well-informed or not well-informed
- In cases of disagreement third coder was involved for final evaluation
- Clinical data was abstracted from a prospectively-maintained registry (AHSQC).
- Post-operative inpatient opioid consumption was evaluated in morphine milligram equivalents (MME)
- Comparisons between groups were based on knowledge of addiction, safety, side effects, and classification as well-informed or not well-informed using Fisher's and Mann-Whitney U tests



RESULTS

- 111 patients participated in the study

Demographics	N=111
Age, years (IQR)	62 (54-68)
Gender Female %	54.1%

Interview Evaluation	N (%)
Previous opioid exposure	100 (90.1%)
Well-informed	44 (39.6%)
Knowledge of opioid addiction	92 (82.9%)
Knowledge of opioid safety	65 (58.6%)
Knowledge of opioid side effect	55 (49.5%)

RESULTS

Category	Yes	No	P value
Addiction knowledge	318 (166, 541)	637 (24, 823)	0.029*
Safety knowledge	327 (174, 626)	329 (206, 622)	0.785
Side effect knowledge	403 (193, 822)	318 (188, 492)	0.047*
Well informed	420 (204, 696)	318 (183, 564)	0.117

Morphine milligram equivalents (MME) during hospital stay among patients with or without knowledge on addiction, drug safety, side effects. Data presented as median (interquartile range). \* denotes statistical significance.

CONCLUSION

- This is the first study to evaluate postoperative opioid use in the context of patients' preoperative perceptions surrounding opioids
- Patient knowledge of addiction impacted post-operative opioid use.
- Increased perioperative education regarding the risk of long-term opioid use, specifically addiction risk, may benefit a subset of patients with limited understanding of these medications.