

**Title:** Are we “pushing” our patients toward addiction? A post-cesarean survey to quantify narcotic requirements for pain control

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**Background/Synopsis:** It has been widely reported that opioid use is the leading cause of drug overdose deaths in the United States, with some studies reporting over 40% of these deaths being from opioids legally prescribed by healthcare providers (1,3). In women specifically, death from opioids has increased five-fold since 2006 (4). This troubling statistic is believed to be the product of prescribing these highly addictive drugs in the setting of routine medical management, oftentimes with dosing instructions out of proportion to the pain it is treating. Specific to obstetrical procedures, a third of patients who deliver via cesarean are prescribed opioids as the main form of postsurgical pain management (4). Taking opioids for any extended period puts patients at risk for addiction, with some studies finding the greatest increase in risk occurs after just five days of consecutive use (5).

**Objective/Purpose:** The goal of this study is to examine postoperative opioid use after cesarean delivery and how reducing the number of pills prescribed affects post-operative pain management. Currently at Memorial Health University Medical Center, the average cesarean hospital stay is 2-3 days, during which patients receive narcotics while inpatient. After discharge these patients receive a prescription for 24, 5mg Oxycodone-325mg Acetaminophen pills which is another 6 days of dosing.

**Methods:** Initially, we implemented phase one of the project which was a phone survey of postpartum patients who had undergone a cesarean delivery at Memorial Health University, a 612 bed University-affiliated Community Hospital and Referral Center. Patients who underwent a cesarean delivery from October 2022 - February 2023 were called to answer a 6-question survey. 58% of patients agreed to answer the phone survey. Patients who had not responded on the first call were re-called until they agreed or declined to participate. The patients received prenatal care from multiple clinics in the Savannah area including the High-Risk OB group, the Provident OB/GYN group, the Lexington Women’s Clinic, the Curtis V. Cooper Clinic, and the Family Medicine resident clinic. Responses were recorded and evaluated using Qualtrics Survey Software. The department then implemented a reduction in the discharge prescription to 12, 5mg Oxycodone-325mg Acetaminophen pills. Patients who underwent a cesarean delivery from March 2023 - May 2023 were called to answer the same 6-question survey.

**Results –** From the initial survey of 24 pills at discharge 251 patients were interviewed. 15.9% of these patients did not fill their opioid prescription. Of the 210 patients who did fill their opioid prescription, the average number of pills left over was 13.06 pills (SD = 8.970). Currently we have data from over 200 patients who were prescribed the 12 pills and are in the process of analyzing this data.

**Conclusion -** By analyzing the number of left-over pills and pain level in patients, we will be able to elucidate if reducing the prescription number minimizes overprescribing and impacts patient’s pain management after surgery. This data will hopefully highlight the overabundance in which narcotics are prescribed and the importance of using caution when prescribing opioids in the postoperative setting.

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