The epidemic of opioid use in the United States is daily news. This includes growing attention to judicious opioid prescribing following surgical interventions. Some research has focused on surgery for nonpainful conditions such as thyroid disease or cataracts. Issues surrounding surgery for chronic painful conditions, like back pain, are more complex because many patients use long term preoperative opioids.

Spine surgery, in particular, often involves patients using long-term preoperative opioids, which strongly predicts continued postoperative use. Preoperative opioid use is also associated with longer or worse surgical site pain, hospital stay, return to work, surgical complications, and functional outcomes. Surgical patients in general often receive excessively large postoperative opioid prescriptions, beyond amounts needed for analgesia.

The study by Jain et al strengthens several of these observations on users of preoperative opioids, adding new information on older populations and on increased use of emergency visits, rehospitalization, reoperation, and subsequent injections. The study used commercial insurance claims, and could miss utilization if patients changed or lost insurance, or paid for medications out of pocket. Nonetheless, it used an enormous database, careful definitions and case selection, and a thorough analysis.

These findings support recommendations for minimizing patient exposure to opioids in managing chronic pain. New guidelines emphasize the use of nonpharmacological treatments for back pain as first-line approaches. Greater attention to mood disorders such as anxiety and depression may also help minimize preoperative opioid exposure. Judicious prescribing of opioids has become the responsibility of all involved in the care of patients with spinal disorders.

References