



# ***GOING BEYOND OPIOIDS*** ***REDEFINING PAIN MANAGEMENT***





# ABOUT ME:

- 22 years in Nursing
- 13 years in the OR
- Neonatal ICU, Mother/Baby, Family Practice, Med/Surge, Pain Management
- Founder of The Circulating Life
- Co-Founder & Chief Nursing Officer of First Case Media
- OR Circulator at Vaughan Regional Medical Center, Selma, AL



**ELIJAH**



**NATHAN**



**CATHERINE**



**WAR EAGLE!**



# OBJECTIVES:



Analyze and discuss the intersection of surgical care and the opioid epidemic, including its impact on patient outcomes and healthcare systems



Recognize three advantages of integrating Enhanced Recovery After Surgery (ERAS) pathways into perioperative care



Discuss three alternatives to opioids accessible to patients for managing operative and postoperative pain and understand their effectiveness and potential benefits



A hand is shown pouring a large quantity of various colored pills and capsules from a bottle onto a surface. The pills are in various colors (white, blue, yellow, red, green) and shapes (round, oval, capsule). The background is a dark, muted blue-grey color. The text "THE OPIOID EPIDEMIC" is overlaid in the center in a bold, white, italicized font.

# ***THE OPIOID EPIDEMIC***

# ***HISTORY:***



- OxyContin
- Pain as a Vital Sign
- HCAHPS
- Surgery - Gateway to Addiction

# TIMELINE:

## Mid- to late-1990s

Prescription opioid painkillers trigger the crisis, with deaths quietly growing

## 2011

Heroin deaths begin to surge in the U.S.; metamphetamaine deaths gradually start to increase

## 2014

Deaths from fentanyl begin their rapid rise

## 2016

Cocaine deaths first exceed recent trends

## 2020

Fentanyl, methamphetamine, and cocaine deaths accelerate

# STATISTICS:



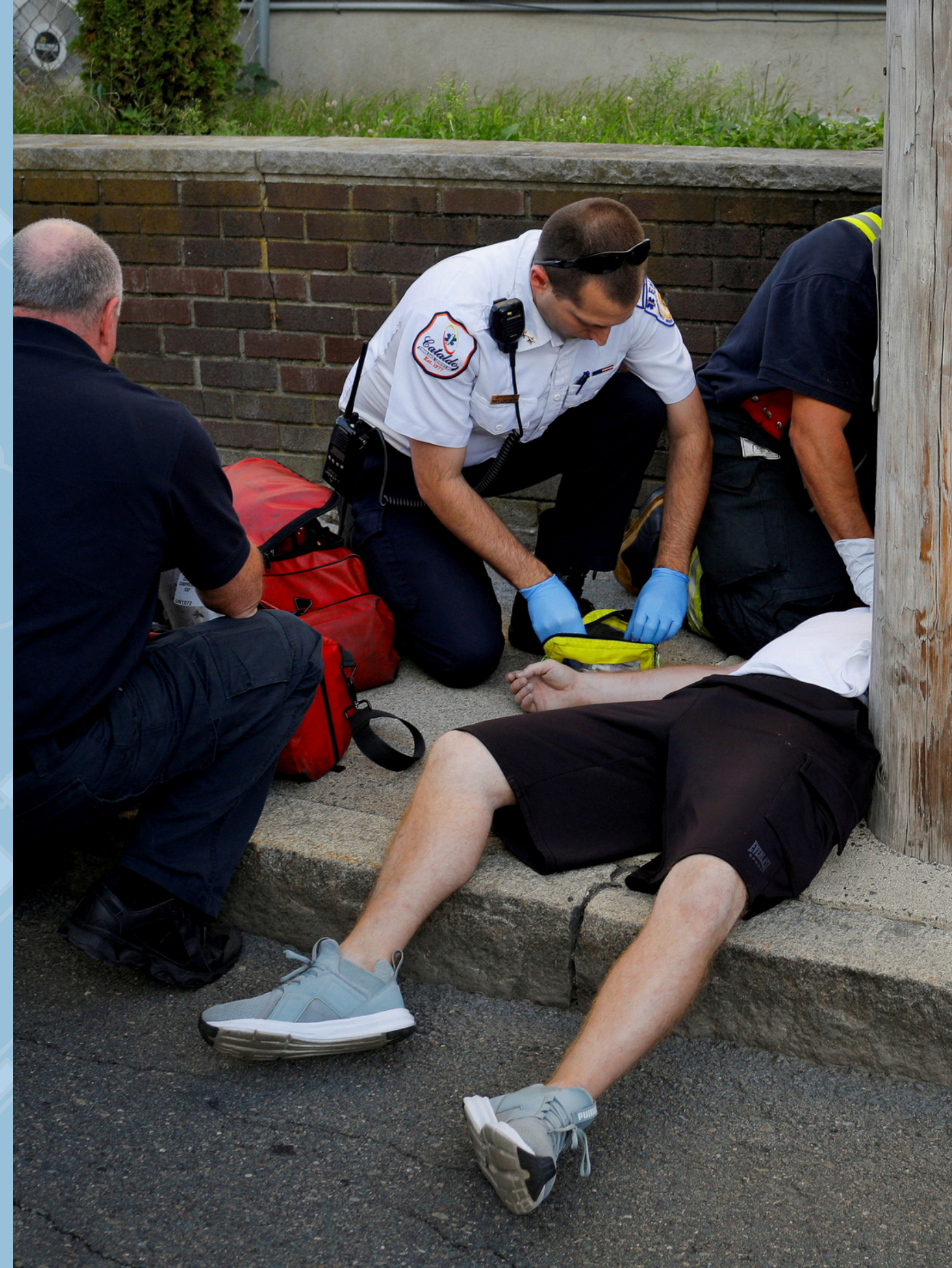
645,000 people



220 deaths per day



\$78.5 billion yearly



## ***CHANGING THE PARADIGM OF PAIN MANAGEMENT***



As surgeons, we were told that postoperative pain management was critically important to our patients' surgical outcomes. We were told to use opioids because they were inexpensive and minimally addictive. Tragically, what no one realized at the time was that this mindset created an inadvertent gateway to opioid addiction, devastating families and communities.



***SCOTT SIGMAN, MD***





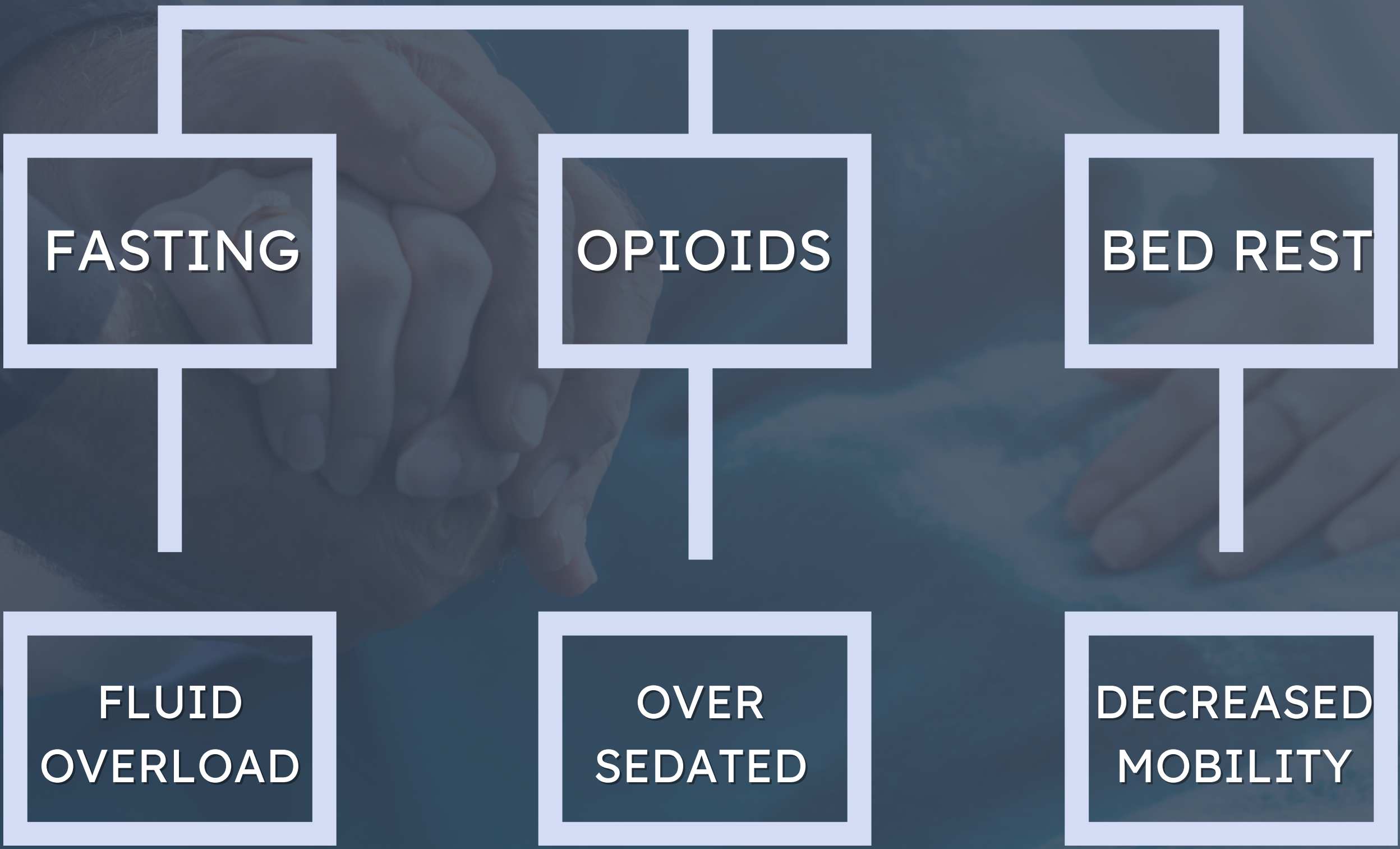
RX

MEDICAL CENTER

Reactive

**TRADITIONAL  
MODEL**

# SURGERY



**TRADITIONAL MODEL**

**FLUID OVERLOAD**

**OVER SEDATED**

**PULMONARY EDEMA, CHF, IMPAIRED FUNCTION**

**DELAYED WOUND HEALING**

**ELECTROLYTE IMBALANCE**

**DECREASED MOBILITY**

**NAUSEA & VOMITING**

**DECREASED BOWEL MOTILITY**

**RESPIRATORY DEPRESSION**

**BLOOD CLOTS**

**MUSCLE ATROPHY**

**SKIN BREAK DOWN**

The background of the image is a dark blue, semi-transparent overlay of medical equipment, including what appears to be a syringe and a catheter, set against a solid dark blue background. The text is centered and reads:

***ERAS PATHWAYS &  
REGIONAL ANESTHESIA***

# Enhanced Recovery After Surgery (ERAS)

Multidisciplinary - Multitask



Collaborative approach to bring anesthesia, surgery, & nursing together to improve perioperative care and outcomes

Patient-Centered



Education, optimization, patient-specific therapies, engagement, patient-reported outcomes

Evidence-Based



Based on evidence-based approaches to patient care that can be applied before, during, and after surgery

Goal



Minimize pain and risk during surgery. Support healing by reducing the body's stress responses caused by the operation.

# Enhanced Recovery After Surgery (ERAS)

## Preoperative

- Preadmission counseling
- Fluid/Carbohydrate loading
- No prolonged fasting
- No/Selective bowel prep
- Antibiotic prophylaxis
- Thromboprophylaxis

## Intraoperative

- Nerve block, local, or epidural analgesia
- Short-acting anesthetic agents
- Multimodal analgesia
- Prevent nausea & vomiting
- Limit drains
- Avoid salt & water overload
- Maintain normothermia

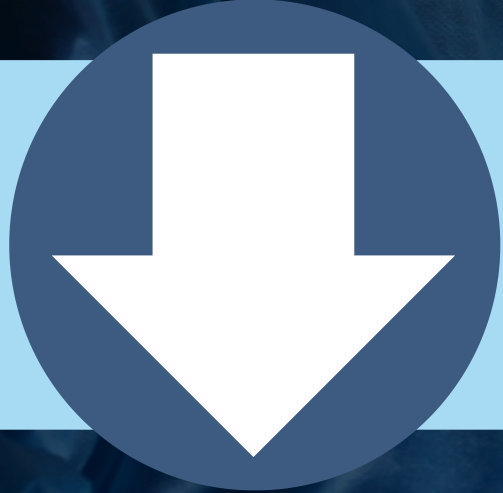
## Postoperative

- Nerve block, local, or epidural analgesia
- No NG tubes
- Early removal of catheters & drains
- Prevent salt and water overload
- Prevent nausea & vomiting
- Early oral nutrition
- Early mobilization
- Non-opioid oral analgesia/NSAIDS
- Stimulation of gut motility
- Audit of compliance & outcomes

# Benefits



POSTOPERATIVE  
COMPLICATIONS



OPIOID  
CONSUMPTION



HOSPITAL  
STAY



READMISSION  
RATES

RECOVERY



COST SAVINGS

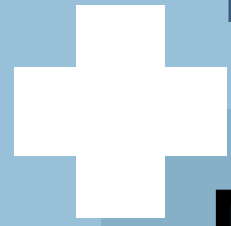
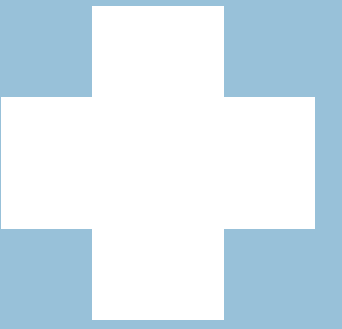


PATIENT  
SATISFACTION





# Regional Anesthesia



## Definition:

Infiltrating a peripheral nerve with an anesthetic agent and blocking transmission to avoid or relieve pain

## 3 Main Types:

1. Neuraxial Anesthesia - spinal/epidural anesthesia
2. Peripheral nerve blocks
3. IV regional anesthesia - Bier block



The background features a dark blue gradient with a faint, semi-transparent image of lavender flowers and a glass bottle. The lavender is in shades of blue and purple, and the bottle is a light, muted blue. The overall aesthetic is clean and natural.

# ***COMPLEMENTARY CARE & THERAPIES***

# **AORN GUIDELINE ON COMPLEMENTARY CARE**

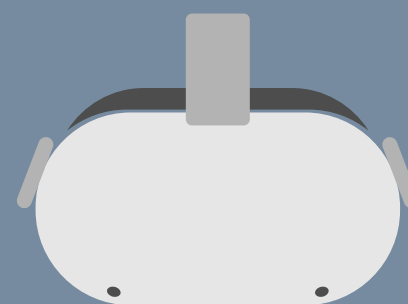
*“The use of complementary care has increased in many clinical areas, and an increasing number of researchers are studying perioperative outcomes that can be improved with complementary care interventions. As such, this guideline revision expands on the previous version, which was focused on reducing perioperative pain and anxiety, by including holistic methods for optimizing the overall health and well-being of perioperative patients through the use of a variety of complementary care interventions that can be implemented throughout the perioperative care plan.”*

# Complementary Therapies



Music  
Medicine

Virtual  
Reality



Clinical  
Aromatherapy





# MUSIC MEDICINE



Improves Patient Satisfaction

Blocks Surgical Noise

Reduces Medication Need -  
Pre, Intra, Postoperatively

“Rhythmic  
Entertainment”

Reduces Pain & Anxiety

Improves Post-Surgical  
Orientation

Cost-Effective



# VIRTUAL REALITY

Reduce Anxiety

Positive  
Distraction

Improve Induction  
Compliance

Increase Patient  
Satisfaction



*“Pain is influenced by anxiety. When patients feel anxious during the surgical experience, the amount of pain they feel can increase. VR puts patients in a more relaxed emotional state because the modules help to ease their worries. It diverts their attention from the pain they might feel or are expecting to feel.”*

Source: <https://www.aorn.org/outpatient-surgery/article/2022-April-vr-patient-experience>

# ***CLINICAL AROMATHERAPY***

Reduce Anxiety

Improve Vital Signs &  
Cortisol Levels

Improve Patient  
Satisfaction

Low Risk

Decrease PONV

Reduce Pain

Cost Effective

Decrease Opioid  
Consumption

# ***NO PAIN ACT***

## Non-Opioids Prevent Addiction In the Nation Act

- Mandates that Medicare reimburse for qualified non-opioid options for all outpatient surgical procedures
- Applies to pain management treatments that are able to replace or reduce opioid consumption
- Eliminates the cost concerns associated with providing patients with non-opioid pain strategies
- Effective January 1, 2025



A hand in a white glove is pouring a large quantity of various colored pills (white, blue, yellow, red, green) from a clear plastic bottle. The pills are falling and creating a large pile on a reflective surface below. The background is a dark, muted blue.

Opioids are addictive. Excessive prescribing practices have led many patients down the path of substance abuse disorder.

Empower patients with education and anticipatory guidance, involve them in their care, and give them a choice so that they can advocate for themselves and their pain management.

***THANK YOU!***



*Scan me*