

Knowledge of Safe Opiate Storage and Disposal in Urology Patients

C. J. O'Connor¹, N. Murray¹, H. Richards², D.B. Hennessey¹

1. Department of Urology, Mercy University Hospital, Cork.
2. Department of Clinical Psychology, Mercy University Hospital, Cork.

To the editor,

Worldwide, there is increasing rates of opiate misuse, morbidity, and mortality reported. This increase is due in part to the over-prescription of opiate medication for post-operative pain, which is related to a pain management style, that aims to manage pain pre-emptively and maximise patient satisfaction.^{1,2} The overconsumption and abuse of opiate medication poses notable public health and socioeconomic burdens. In our hospital we recently performed a study to examine post-operative opiate use, storage and disposal in patients who underwent urological surgery. Primary outcomes were the completion of opiate prescriptions and continued opiate use. Secondary outcomes were the safe storage and disposal of unused opiate medication.

All patients > 18 years age and who were scheduled for major or intermediate urology surgery were included in the study. Patients less than 18 years of age, patients with psychiatric conditions or chronic pain were excluded from the study. No inducements to participate were offered. Post discharge, patients were contacted by telephone and were asked if they had completed their opiate prescription, if they were still taking opiates. If they had unused opiates, was their opiate medication at home and if so, how was it stored (locked or unlocked); and finally did the patient have knowledge of safe opiate disposal. Opiate keeping was defined as having opiate medications at home for six weeks or more. Safe disposal of opiate medications was defined as bringing the medication back to a pharmacy or flushing of the medication down a toilet.

The mean age of participants was 58 years. The majority of procedures, (80.5%) were endoscopic, open surgery (18.6%) and laparoscopy (0.9%). 39 (34.5%) patients were discharged on a five-day course of opiate medication. Six (15.3%) of patients discharged on opiate medication had sought another opiate prescription. Four patients identified pain-specific reasons relating to surgery, and 2 identified pre-existing medical conditions for seeking another prescription. Twenty-two patients (56.4%) did not finish their five-day course of opiates.

Seventeen (77%) of these patients reported that their unused opiate medication was at home, and of these, almost three quarters kept the medication in an unlocked location. Knowledge about safe drug disposal was available for all participants. Only 24 individuals (21.2%) indicated they knew how to dispose of their unused medication safely. There was no association between drug disposal knowledge and gender, type of surgery or being discharged on opiates. There were no differences between those who did and did not have accurate drug disposal knowledge and age.

This study, we believe, is the first of its kind in an Irish setting which examines both opiate use and safe disposal of opioid medication post urological surgery. Only a small number of patients in this study were still taking opiate medication six weeks post-operatively. However, many patients kept their opiate medication at home, unlocked, and knowledge of safe disposal practices was poor. Future efforts should be aimed at informing patients around safe disposal practices, limiting the amount of opiate medication prescribed, monitoring opiate prescribing, and using alternative pain regimens post-operatively.

Corresponding Author:

Dr Charles O'Connor
Department of Urology,
Mercy University Hospital,
Cork,
Ireland.
E-Mail: mrcharlesoconnor@gmail.com

References:

1. Bicket MC, Long JJ, Pronovost PJ, Alexander GC, Wu CL. Prescription Opioid Analgesics Commonly Unused After Surgery: A Systematic Review. *JAMA Surg.* 2017;152(11):1066-71.
2. Thiels CA, Anderson SS, Ubl DS, Hanson KT, Bergquist WJ, Gray RJ, et al. Wide Variation and Overprescription of Opioids After Elective Surgery. *Ann Surg.* 2017;266(4):564-73.