Should buprenorphine for opioid substitution therapy be continued during the perioperative period? : A systematic review.

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Background

• Snapshot day in June 2015 : 16,497 people received buprenorphine pharmacotherapy (AIHW 2015)
• Current level of evidence: expert opinion or consensus guidelines

• Current practice:
  • Continue buprenorphine before, during and after surgery
  • Stop buprenorphine and switch to full opioid agonist
  • Switch to another opioid substitution therapy preoperatively
Method

Identification

- Medline® (55 articles)
- Embase® (17 articles)

Screening

- 6 duplicates removed
- 66 records screened
- 46 excluded from abstract screen

Eligibility

- 20 full-text articles assessed for eligibility
- 14 records excluded.
  - Reasons: patients with chronic pain pathology; acute pain management in non-surgical setting; use of buprenorphine in non-dependent patients; opinion pieces; review article

Included

- 6 articles included for qualitative analysis

Search: Primary literature investigating peri-operative pain management in patients who were on buprenorphine therapy (2006-2016)

Results

• 3 case reports (n=5)
  • Mastectomies, caesarean sections, breast implant removal

• 3 retrospective cohort studies (n=105)
  • Peri-partum patients
  • Mix of major and minor surgeries
  • RoBANS (Risk of Bias Assessment Tool for Nonrandomized studies)
    → Medium risk of Bias
Conclusion

• **Buprenorphine can be safely continued during and post-operatively**
  - Significantly higher patient controlled analgesia (PCA) requirements in patients not given regular buprenorphine dose post surgery
• Addition of short acting opioid; non-opioid and regional analgesia
• Postoperative pain in this population will require higher than normal doses of adjuvant analgesia