

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

V THOMAS¹ and J JOHNSON^{1,2}

1. Flinders Medical Centre, Adelaide, SA, Australia.

2. University of South Australia, Adelaide, SA, Australia.

SA Pharmacy

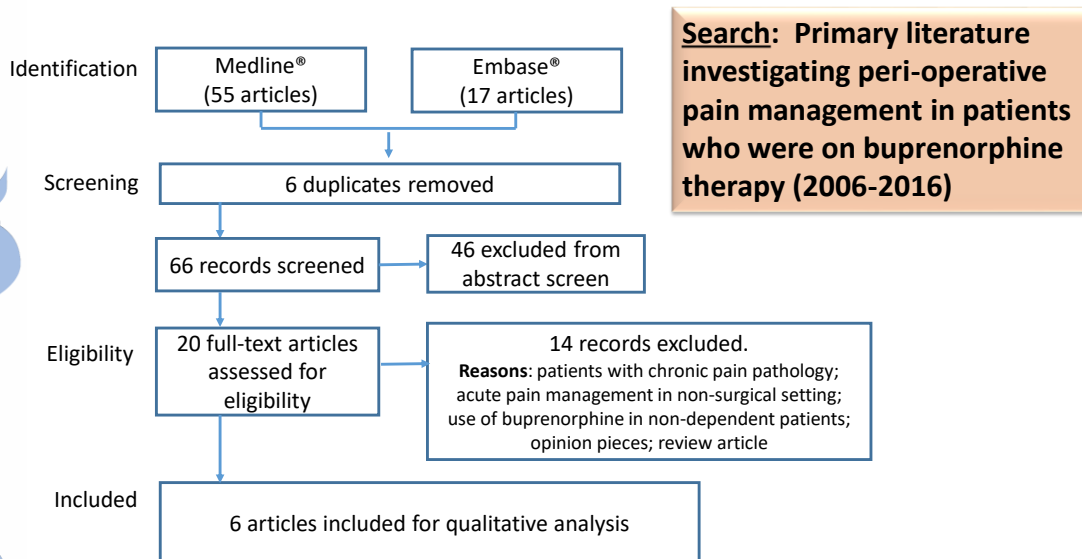


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Background

- 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



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