



Compass SHARP in Practice

Podcast Series



Cannabis Use in the Perioperative Period: Part 2

Hosted By: Rachael Duncan, PharmD, BCPS, BCCP, with guest Dr. Jennifer Hah, MD (anesthesiologist, pain, and addiction medicine specialist)

Q&A Highlights

Q: How should we lay out a pain management plan for regular cannabis users?

A: For regular cannabis users, follow standard multimodal analgesia—NSAIDs, acetaminophen, COX-2 inhibitors, and adjuvants like gabapentinoids, alpha-2 agonists, regional anesthesia, IV lidocaine, or low-dose ketamine. Weigh risks of sedation, respiratory, or cardiac effects, especially in elderly, comorbid, or acutely intoxicated patients.

Q: Are there other post-operative risks for chronic cannabis users?

A: Chronic cannabis use can increase cardiac risks beyond myocardial infarction, including stroke, arrhythmias, cardiomyopathy, and coronary or cerebral vasospasm. Other concerns include coagulopathy, DVT, respiratory complications like pneumonia, and a potentially higher risk of revision surgery.

Q: What about cannabis withdrawal syndrome (CWS) postoperatively?

A: Chronic cannabis users who abruptly stop or drastically reduce use before surgery can develop cannabis withdrawal syndrome, typically starting 1–2 days after cessation and peaking 2–6 days later. Symptoms may include sleep disturbances, irritability, anxiety, depression, headache, restlessness, decreased appetite, abdominal pain, muscle aches, and fevers/chills, which can complicate post-operative recovery and pain management.

There are no FDA-approved medications for CWS. Management focuses on behavioral support—cognitive behavioral therapy, counseling, relaxation, meditation, or exercise. Some options under study include synthetic cannabinoids or gabapentin, and short courses of medications like zolpidem or benzodiazepines may help target severe sleep or anxiety issues. The key is monitoring and supportive care to minimize withdrawal impact during recovery.

Quick Takeaways

- Multimodal analgesia is key for patients using cannabis—first-line non-opioid agents, adjuvants, regional/neuraxial techniques, and selective IV therapies.
- Preoperative counseling should address expectations and potential post-op complications; individualize pain management strategies.
- Monitor for cannabis withdrawal syndrome, especially if patients reduce or stop use; most cases are self-limiting but may require behavioral support or short-term pharmacologic management.
- Risks extend beyond pain: chronic cannabis use can impact cardiac, respiratory, gastrointestinal, and surgical outcomes.
- Engage patients early in behavioral interventions when appropriate—preoperative education can mitigate withdrawal and improve recovery.

Quick Takeaways (Cont.)

This episode reinforces the importance of individualized, multimodal perioperative care for patients with regular cannabis use, emphasizing safety, monitoring, and proactive education.

Resources

Provider Resources:

- [TAPS Screening Workflow](#)
- [Best Practices Guide for Interpreting TAPS](#)
- [Multimodal Analgesia Guidelines for Surgical Practice](#)

Patient Resources:

- [Understanding Cannabis: A Balanced Perspective](#)