Compass SHARP in Practice Podcast Series

Compass SHARP

COMPASS HEALTHCARE COLLABORATIVE
Sustainable Healthcare Transformation

Cannabis Use in the Perioperative Period: Part 1

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

Q&A Highlights

Q: How prevalent is cannabinoid use in the U.S.?
A: Cannabinoid use in the U.S. has grown with legalization, showing about a 28% increase overall. Among people aged 15–64, use has risen from roughly 3.5% to 4.4% over the past 20 years.

Q: Why should clinicians pay attention to cannabinoid use around surgery?
A: Cannabinoid use around surgery is linked to higher risks of post-operative complications, increased hospitalization costs, and even mortality. Acute use—especially via smoking or vaping—can cause anesthesia-related problems like airway hyperreactivity, bronchospasm, or laryngospasm, and may raise the risk of cardiac events such as myocardial infarction. Chronic use can contribute to cognitive impairment, anxiety, and sleep disturbances, all of which can affect recovery.

Q: How can chronic cannabis use affect the surgical experience?
A: Chronic cannabis use can complicate surgery by altering anesthetic needs, affecting heart rate and blood pressure, increasing risk of hypothermia, slowing gastric emptying, and raising the chance of postoperative nausea or vomiting, including cannabis hyperemesis.

Q: How should we screen patients for cannabis use?
A: Patients should be universally screened for cannabis use, since many may not volunteer this information. Simply asking about regular use, type, frequency, and last use helps guide planning, as urine tests can't reliably indicate acute intoxication. Formal tools can also help: the CUDIT-R identifies potential cannabis use disorder, and the TAPS (Tobacco, Alcohol, Prescription medications, and other Substance use) screen is a brief, sensitive way to detect unhealthy marijuana use and other substances.

Q: What patient education should be emphasized preoperatively?
A: Patients should ideally taper cannabis use before surgery rather than stopping abruptly. Sudden cessation in heavy users can trigger withdrawal symptoms—like anxiety, irritability, abdominal pain, and restlessness—that can complicate perioperative care. If time is short, stopping by midnight before surgery helps avoid acute intoxication. Longer tapering, ideally starting a week or more in advance, can reduce withdrawal risk and support better post-operative pain management.

Q: How is "heavy cannabis use" defined?
A: Smoking: ~1.5 grams per day or more, CBD oils: >300 mg per day, THC oils: >20 mg per day

Q: How should clinicians handle patients who arrive acutely intoxicated from cannabis before surgery?
A: If a patient is acutely intoxicated from cannabis, urgent or emergent surgery may need to proceed, but if possible, delaying the procedure by even just two hours can reduce risks such as acute myocardial infarction.

Quick Takeaways

- Screen all surgical patients for cannabis use; ask directly and consider validated tools.
- Educate patients to stop regular cannabis use ideally 72 hours to 2 weeks before surgery; gentle taper preferred.
- Acute intoxication should be avoided at time of surgery; delay elective procedures when feasible.
- Monitor high-risk chronic users for anesthesia, respiratory, cardiac, and gastrointestinal complications.
- Differentiate products: FDA-approved cannabinoid medications have specific indications and should not be abruptly stopped.

This episode provides foundational guidance for perioperative teams navigating cannabis use in surgical patients, emphasizing risk awareness, screening, education, and patient safety.

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