Compass SHARP

Compass SHARP in Practice Microlearning Series

COMPASS HEALTHCARE COLLABORATIVE

Sustainable Healthcare Transformation

Module 3: Patients in Recovery from Opioid Use Disorder

Welcome to Compass SHARP in Practice, a quick high-yield learning session made for busy healthcare professionals like you. In each episode, our Compass coaches will explore a real-world case, define a clinical goal, and walk through practical strategies to improve care. Whether you're tuning in via video, audio, or reading the summary, we hope to sharpen your skills and build knowledge that helps you better care for your patients.

A Patient Case

A 38-year-old woman in recovery from opioid use disorder, maintained on buprenorphine, is scheduled for elective hernia repair. Her buprenorphine is stopped two days before surgery to make pain management easier. She is prescribed oxycodone after surgery but soon reports escalating anxiety and cravings. By her first post-operative visit, she has returned to daily opioid use and is devastated.

Unfortunately, this scenario is all too common. The intention to improve pain control can unintentionally trigger return to substance use because the patient's recovery treatment was disrupted.

Research shows that continuing buprenorphine through surgery, combined with multimodal non-opioid analgesia, provides adequate pain control while also reducing the risk of return to substance use. In many cases, when maintenance therapy and multimodal strategies are optimized, patients do not need additional opioids at all.

Goal

Our goal in this module is to apply stewardship principles that maintain recovery, manage pain effectively, and prevent relapse.

First, continue maintenance therapy and strengthen multimodal pain control. Stopping buprenorphine can destabilize recovery. In most cases, it is appropriate to continue buprenorphine and add scheduled non-opioid therapies such as acetaminophen, NSAIDs, and local anesthesia. Buprenorphine is also a great analgesic, and its effects can be enhanced by split dosing to TID or QID. For instance, if a patient takes 16mg QD, their regimen can be changed to 4mg QID to provide better pain control. If additional opioids are necessary, they can be given in addition to buprenorphine. Use short-acting agents under close supervision and for the shortest duration possible.

Second, deliver focused patient and family education. Nurses can normalize mild post-operative discomfort and reinforce that pain is a natural and helpful part of healing. Explain that using non-opioid medications first, along with continuing buprenorphine, can support long-term stability. Encourage family involvement to help monitor for changes in mood, anxiety, or craving.

Third, ensure safe discharge and coordinated continuity. Discharge paperwork should clearly list the buprenorphine dose, timing, and follow-up plan. Provide naloxone and education on recognizing signs of overdose or relapse. The patient should be scheduled to follow-up with their buprenorphine prescriber closely after surgery.

Back to the Case

So let's revisit our hernia repair patient to see what happens when we apply these strategies.

This time, her buprenorphine is continued throughout surgery, her dose is split to improve analgesic effect. She receives multimodal therapy with acetaminophen, ibuprofen, and local anesthesia. Postoperatively, she requires no additional opioids, and her recovery is maintained.

Before discharge, nursing staff review her medication plan. They provide written instructions and remind her that staying on buprenorphine supports both recovery and pain control. She leaves the hospital confident, safe, and empowered, showing that thoughtful planning can preserve recovery.

Takeaways

- Include a recovery from OUD identifier in the pre-surgical checklist.
- Educate staff on why continuing maintenance medications is evidence-based and safe.
- Provide consistent discharge counseling scripts for patients and families.
- Track readmission or relapse-related events to monitor the impact of stewardship interventions.

Thank You

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Thank you for all you do caring for your patients.