Getting to Zero
AUA QI Summit: Opioid Stewardship

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University of Pittsburgh Opioid Projects

• Excessive Opioid Prescribing Defined (Thiesen et al, Aug 2018 Urology)

• “Nudge” Projects to \(\rightarrow\) Prescription rates

• Incentive plan changes

• HSR Projects
  – Opioid Industry Payment and Opioid Crisis Areas
  – Branded vs Generic Payments

• No Opioid Policy (personal) in all MIS cases and RCP
Excessive Opioid Prescribing After Major Urologic Procedures
Case Presentation: Robotic Radical Prostatectomy

55yo GG3/PSA=5 undergoes RALP

PMH: back surgery in his 30s
PSH: None
Meds: None

PE: small gland, BMI=29
ERAS: No Opioid Robotic Radical Prostatectomy

1. Pre-op: oral Neurontin, Acetaminophen, and +/- Celebrex
2. Quadratus Lumborum; single shot
   - Ropivicaine, Decadron, Precedex
3. Operation: TIVA: separate infusions of Propofol Ketamine, Precedex
4. Post-operation: Tordol 15mg IV prn while in the hospital Tylenol and Motrin for 48hrs