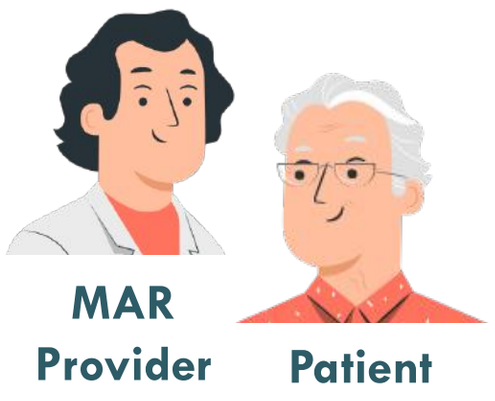
PERIOPERATIVE Outpatient Postoperative Follow-Up

ILLINOIS HELPLINE for Opioids & Other Substances

Review Surgical Course and Assess Pain

Discuss progress or concerns since surgery and review patient's medical record.

Determine if bup was maintained during surgery and assess pain.



MAR Provider

Patient

Bup maintained and pain controlled

Taper full agonist opioids *slowly* (i.e., aggressive removal can lead to return to use), maximize non-opioid therapies, and return to home bup dose.

Bup maintained and pain uncontrolled

Ensure underlying cause of pain is secondary to post-surgical trauma (e.g., not a surgical site infection). Then, via shared decision making with patient, either (a) continue 8-12 mg daily bup dose and increase dose/frequency of full agonist opioids or (b) taper off full agonist opioids and temporarily increase the bup daily dose to 24 to 32* mg, dosing every 6 or 8 hours. Via close follow-up, ensure pain becomes controlled. Then taper full agonist opioids (if still taking) and return to home bup dose.

**While 32 mg dose is not FDA approved, it is accepted as standard of care.*

Bup NOT maintained

Address patient's pain if uncontrolled by increasing dose/frequency of full agonist opioids. Later once pain is controlled and full agonist opioids have been reduced, use a low dose schedule (e.g., Bernese Method or Yale Case Series) over a 5- to 7-day period to slowly reinitiate patient to bup without precipitating withdrawal. Once patient is at a therapeutic dose of bup (e.g., at least 12 mg daily) on schedule's last day, taper or stop full agonist opioids.

In all cases, ensure patient has appropriate follow-ups with surgeon scheduled, ancillary services arranged (e.g., physical therapy), and any required labs or imaging ordered.