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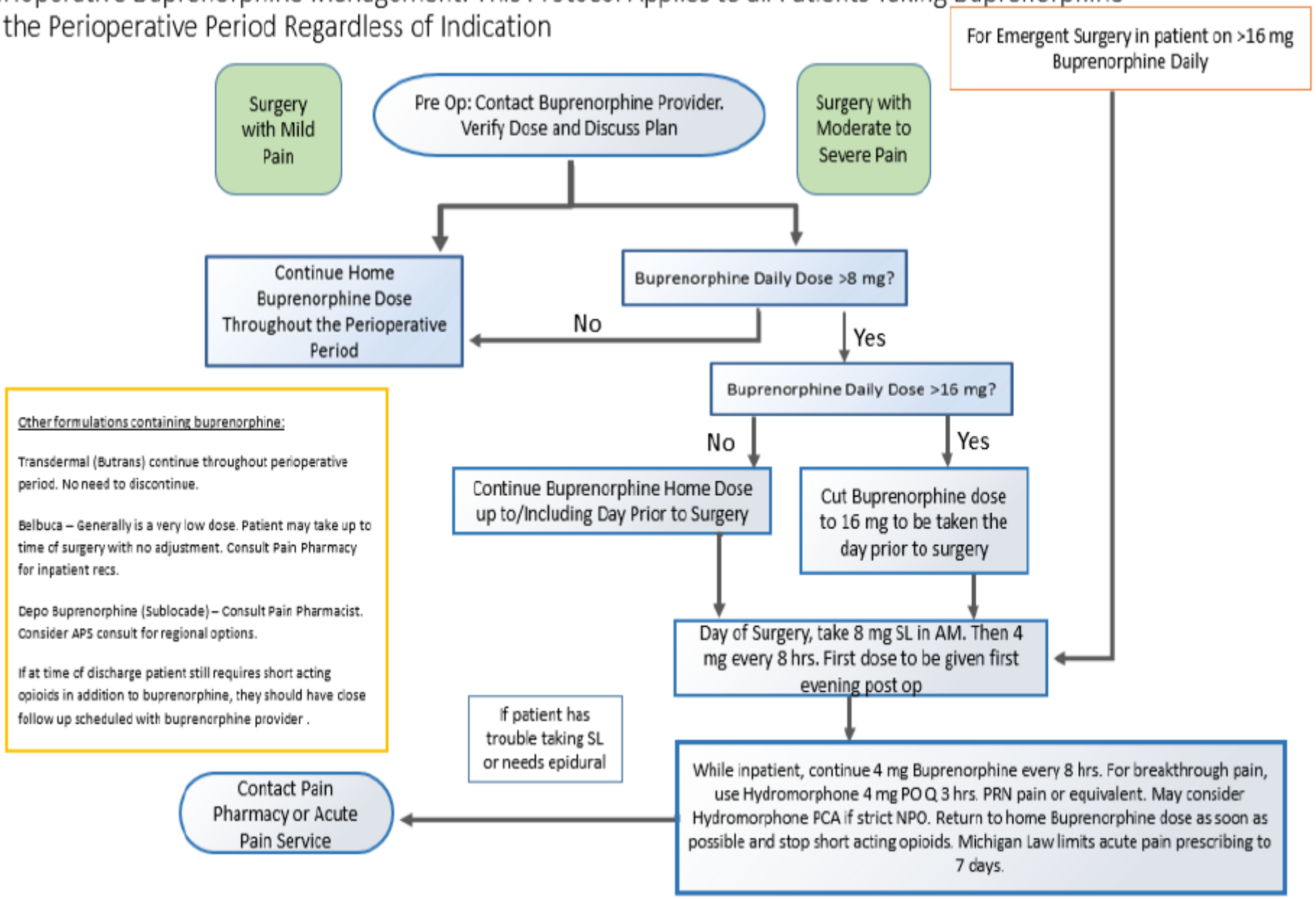
Perioperative Buprenorphine Management: This Protocol Applies to all Patients Taking Buprenorphine in the Perioperative Period Regardless of Indication



Buprenorphine is a partial mu agonist, full kappa antagonist

- Patients on buprenorphine should be considered opioid tolerant
- Key points - buprenorphine does not block the mu receptor, but is a partial agonist at the mu receptor
- Extreme caution should be used when tapering buprenorphine in a patient with history of SUD
- Data shows that between 82-91% of patients being treated with buprenorphine for SUD relapse within one month of discontinuation of buprenorphine (1,2)
- For this reason, patients taken off of buprenorphine may be at high risk for relapse
- No high level evidence supports a clear pathway for continuation or discontinuation of buprenorphine for acute pain management in the perioperative period

1. Weiss RD, Potter JS, et al. Adjunctive counselling during brief and extended buprenorphine-naloxone treatment for prescription opioid dependence; A 2-phase randomized controlled trial. Arch Gen Psychiatry 200;68(12):1238-46
2. Link W, et al. Buprenorphine tapering schedule and illicit opioid use. Addiction 2009; 104(2):256-65

Management of opioid antagonists Elective Surgery

- Naltrexone oral - contact provider. Recommend discontinuation 48 hrs. prior to elective surgery
- Naltrexone depo - **contact provider** and discuss injection interval in anticipation of elective surgery as well as post op plan. Surgery should be scheduled to coincide with low naltrexone levels (4 weeks in most patients). Risk of death is very high in this population when re-exposed to opioids.

Opioid Agonists

- Methadone - for SUD, take dose morning of surgery. Continue daily dose divided TID starting even of surgery.
- All other opioids >90 mg, consider taper prior to elective surgery
- Intrathecal pump - Contact provider. Should be filled prior to elective surgery. Refill date, reservoir volume, alarm interval should all be documented.
- Avoid benzos (new benzo post op)
- IN Naloxone on d/c

Approved by: Michigan Medicine Pain Management Steering Committee
Chair: Paul Hilliard MD

Last Revised 1/17/2019