Non-opioid perioperative management of the patient

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The national opioid crisis began to shift the paradigm of opioid use in the hospital towards a more guarded approach. In addition, as hospital providers, we encounter more patients affected by the misuse of opioid drugs. This report presents a case of a 34 y.o. male opioid addict coming to the hospital for laparoscopic repair of an inguinal hernia. For management of his addiction, the patient received a prolonged naltrexone (Vivitrol) application within a week of his scheduled surgery. The management plan was discussed by the anesthesia and surgical teams to completely avoid the use of opioids during the perioperative period. Intraoperatively, the patient received combined spinal anesthesia with bupivacaine and general anesthesia maintained by Desflurane. A supplemental 30 mg dose of ketamine was given IV during the procedure to cover surgical stimulation beyond the area controlled by spinal anesthesia. Local anesthetic was applied at the surgical incision sites as well. After the procedure, for pain control, IV ketamine infusion at a rate of 10mg/hr was started, and 1000 mg IV dose of acetaminophen was given. The patient remained on a ketamine infusion overnight with an adequate level of pain relief. Next morning after the surgery, the patient was discharged home. This report will discuss different options for anesthesiologist as well as their timing during the non-opioid perioperative management of the patient.