

## **C-15 Management of Perioperative Buprenorphine for Major Surgery: Should It Stay or Should It Go?**

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### **Objective**

After completion of this session, the participant will be able to:

- Discuss day of surgery considerations including intraoperative management of analgesics for patients on buprenorphine.

### **Case Stem Question**

54yo male with a recent diagnosis of esophageal cancer presents for esophagectomy. The patient's medical history is significant for a 20 pack year history of smoking cigarettes (quit 2 months PTA), hypertension, hiatal hernia, chronic neck pain in the past s/p C6-7 fusion, and a history of opioid abuse with last use 20 years ago. The patient is currently working as a plumber and has been unable to work for the past 2 months due to fatigue, weakness, and ongoing cancer treatment. Home medications include lisinopril, ranitidine, and sublingual buprenorphine 8mg TID. The patient is presenting today to pre-surgery area for open esophagectomy.

### **Guiding Questions for Discussion**

1. What is buprenorphine and why would patients be taking this medication?
2. What are the most important considerations in the preoperative evaluation of patients taking buprenorphine?
3. What are the important considerations for intraoperative management of patients taking buprenorphine?
4. What are the immediate post-operative concerns related to patients on buprenorphine and is there an optimal strategy for management?
5. What is the perioperative risk related to opioids at the time of surgery? Is there a relationship between surgery and opioids and the ongoing opioid epidemic?

### **References**

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