

Study of Cumulative Inpatient Opioid Usage among Several Centers in Patients Having Colorectal Surgery

Gentian Kristo*

Department of Surgery, Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA

Introduction

Cumulative inpatient opioid use refers to the amount of opioid medication prescribed to a patient during a hospitalization or inpatient stay. In recent years, there has been increasing concern about the risks associated with cumulative inpatient opioid use, including opioid dependence, addiction, and overdose. In this article, we will explore the factors contributing to cumulative inpatient opioid use, the risks associated with this practice, and strategies for reducing opioid use in the hospital setting.

Factors contributing to cumulative inpatient opioid use

There are several factors that contribute to cumulative inpatient opioid use. These include: Pain management protocols: Hospitals typically have protocols in place for managing pain in patients, and these protocols often involve the use of opioid medications. However, these protocols may not always be individualized to the patient's specific pain management needs, and may result in excessive opioid use. Patient expectations: Patients may have high expectations for pain management during their hospitalization, and may request or expect opioid medications for pain relief. This can contribute to excessive opioid use, even when other pain management strategies may be appropriate. Lack of awareness: Healthcare providers may not always be aware of the risks associated with cumulative inpatient opioid use, or may not have access to alternative pain management strategies. Cultural attitudes towards pain: Cultural attitudes towards pain may contribute to excessive opioid use, as some cultures may view pain as something that should be aggressively treated with medication [1].

Risks associated with cumulative inpatient opioid use

Cumulative inpatient opioid use can pose several risks, including: Opioid dependence and addiction: Patients who receive excessive amounts of opioids during their hospitalization may become dependent on the medication, or may develop an addiction to opioids. Increased risk of overdose: Excessive opioid use can increase the risk of overdose, particularly if patients are not carefully monitored for signs of respiratory depression. Delirium: Opioid medications can contribute to delirium in older patients, which can lead to longer hospital stays and increased healthcare costs. Poor outcomes: Studies have shown that excessive opioid use during hospitalization can lead to poor outcomes, including increased rates of readmission and longer hospital stays [2].

Strategies for reducing opioid use in the hospital setting

There are several strategies that healthcare providers can use to reduce opioid use in the hospital setting, including: Alternative pain management

strategies: Healthcare providers can use alternative pain management strategies, such as non-opioid medications, physical therapy, and cognitive-behavioural therapy, to manage patients' pain during hospitalization. Individualized pain management plans: Healthcare providers can create individualized pain management plans for each patient, taking into account the patient's specific pain management needs and the risks associated with opioid use. Patient education: Healthcare providers can educate patients about the risks associated with opioid use, and encourage them to use non-opioid pain management strategies whenever possible [3].

Monitoring and surveillance: Healthcare providers can monitor patients closely for signs of opioid dependence, addiction, or overdose, and adjust the patient's pain management plan accordingly. Provider education and training: Healthcare providers can receive education and training on the risks associated with opioid use, as well as alternative pain management strategies, in order to reduce their reliance on opioids. Use of technology: Hospitals can use technology, such as electronic health records and prescription monitoring programs, to track opioid use and identify patients who may be at risk of excessive opioid use. Cultural awareness: Healthcare providers can be trained to be culturally aware and sensitive to patients' cultural attitudes towards pain and pain management, and to use this information to develop individualized pain management plans [4].

Colorectal surgery is a common procedure that involves the removal of a portion of the colon or rectum. This surgery may be performed to treat conditions such as colorectal cancer, inflammatory bowel disease, or diverticulitis. Patients who undergo colorectal surgery may experience a range of postoperative complications, including infection, bleeding, and bowel dysfunction. In this article, we will explore the challenges of coordinating care for patients undergoing colorectal surgery across multiple centres and strategies for improving outcomes in these patients [5].

Challenges of coordinating care across multiple centres

Patients who undergo colorectal surgery may receive care from multiple healthcare providers across different centres, including primary care physicians, specialists, and hospital staff. This can create challenges in coordinating care and ensuring that patients receive consistent, high-quality care. Some of the challenges associated with coordinating care across multiple centres include: Communication: Effective communication is essential for coordinating care across multiple centres. However, communication can be difficult when healthcare providers are not located in the same place or do not have access to the same information systems. Fragmented care: Patients who receive care from multiple healthcare providers may experience fragmented care, where different providers may not be aware of the care provided by others. This can lead to gaps in care and poor outcomes. Inconsistent care: Patients who receive care from multiple healthcare providers may experience inconsistent care, as different providers may have different approaches to care or may not be familiar with the patient's medical history. Lack of continuity: Patients who receive care from multiple healthcare providers may not have a consistent point of contact for their care, which can lead to confusion and poor outcomes.

Strategies for improving outcomes in patients undergoing colorectal surgery across multiple centres

There are several strategies that can be used to improve outcomes in patients undergoing colorectal surgery across multiple centres, including: Standardized care pathways: Standardized care pathways can be used to

*Address for Correspondence: Gentian Kristo, Department of Surgery, Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA, E-mail: gentian.kristo213@va.gov

Copyright: © 2023 Kristo G. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 02 January, 2023; Manuscript No. JGPR-23-92702; Editor Assigned: 04 January, 2023, PreQC No. P-92702, Reviewed: 17 January, 2023; QC No. Q-92702, Revised: 23 January, 2023, Manuscript No. R-92702; Published: 30 January, 2023, DOI: 10.37421/2329-9126.2023.11.495

ensure that patients receive consistent care across multiple centres. These pathways should include protocols for preoperative assessment, surgical management, postoperative care, and follow-up. Multidisciplinary care teams: Multidisciplinary care teams can help to coordinate care across multiple centres and ensure that patients receive appropriate care from all healthcare providers involved in their care. Patient-centered care: Patient-centered care can help to ensure that patients are involved in their own care and that their preferences and values are taken into account when developing care plans.

Description

Information sharing: Information sharing can help to improve communication and ensure that healthcare providers have access to the same information about the patient's care. This can be facilitated through the use of electronic health records, secure messaging systems, and regular team meetings. **Quality improvement initiatives:** Quality improvement initiatives can be used to identify areas for improvement in the care of patients undergoing colorectal surgery across multiple centres. These initiatives should involve all healthcare providers involved in the care of these patients and should focus on improving outcomes and reducing complications. **Education and training:** Education and training can help to ensure that healthcare providers are familiar with the latest evidence-based practices in the care of patients undergoing colorectal surgery. This can include training on standardized care pathways, multidisciplinary care teams, patient-centered care, and quality improvement initiatives. **Patient education:** Patient education can help to ensure that patients are informed about their care and are able to participate fully in their care. This can include education on the surgical procedure, preoperative preparation, postoperative care, and self-management strategies.

Conclusion

Coordinating care for patients undergoing colorectal surgery across multiple centres can be challenging. However, there are several strategies that can be used to improve outcomes in these patients, including standardized

care pathways, multidisciplinary care teams, patient-centred care, information sharing, quality improvement initiatives, and education.

References

1. Fairbrother, Peter, Jenny Ure, Janet Hanley and Lucy McCloughan, et al. "Telemonitoring for chronic heart failure: The views of patients and healthcare professionals—a qualitative study." *J Clin Nurs* 23 (2014): 132-144.
2. Thielke, Stephen, Mark Harniss, Hilaire Thompson and Shwetak Patel, et al. "Maslow's hierarchy of human needs and the adoption of health-related technologies for older adults." *Ageing Int* 37 (2012): 470-488.
3. Patel, Sadiq Y., Ateev Mehrotra, Haiden A. Huskamp and Lori Uscher-Pines, et al. "Variation in telemedicine use and outpatient care during the COVID-19 pandemic in the United States: study examines variation in total US outpatient visits and telemedicine use across patient demographics, specialties, and conditions during the COVID-19 pandemic." *Health Aff* 40 (2021): 349-358.
4. Chu, Cherry, Peter Cram, Andrea Pang and Vess Stamenova, et al. "Rural telemedicine use before and during the COVID-19 pandemic: repeated cross-sectional study." *J Med Int Res* 23 (2021): e26960.
5. Ryskina, Kira L., Kaitlyn Shultz, Yi Zhou and Gillian Lautenbach, et al. "Older adults' access to primary care: gender, racial, and ethnic disparities in telemedicine." *J Am Geriatr Soc* 69 (2021): 2732-2740.

How to cite this article: Kristo, Gentian. "Study of Cumulative Inpatient Opioid Usage among Several Centers in Patients Having Colorectal Surgery." *J Gen Pract* 11 (2023): 495.