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## Dr. Barry Callahan Opioid Policy

Opioid pain relievers are addictive drugs and include hydrocodone, oxycodone, codeine, opium, morphine and heroin. The use of opioid pain medication is tightly controlled and monitored by the federal government through the Drug Enforcement Agency (DEA).

### **The United States accounts for 80% of the opioid consumption in the world.**

Research consistently shows that Americans take more opioid medications and are less satisfied with pain relief after injury or surgery than patients with similar problems in other parts of the world. The leading cause of death among young adults in the United States is accidental poisoning. Overdose of prescription opioid pain medication accounts for 90% of these deaths.

Research has shown:

1. There is unexplained variation in the amount of opioids prescribed by various providers.
2. Most patients take little or no opioids after minor procedures and wean off as quickly as possible after more substantial injuries and surgeries.
3. Guidelines and policies such as this one limit unnecessary prescription and misuse of opioid pain medications.

For my patients' wellbeing and because of ever tightening regulations and oversight, and in accordance with Massachusetts General Hospital and Harvard Hand Service, I have adopted the following policies for the treatment of post-operative or post-injury pain management.

1. Each patient can receive opioid pain medications from only one provider (e.g. only one hand surgeon or only the primary doctor).
2. Opioids will not be prescribed to a new patient that is already getting regular opioid prescriptions from another provider. I will only prescribe opioids when I take on that role after direct communication with other providers, and clear understanding that I will be the only provider of opioids.
3. New laws require me to check statewide databases for prior opioid prescriptions before prescribing opioids.
4. I receive reports from the DEA and local pharmacies when any patient has more than one prescriber of opioid medications. If I receive such a report on a particular patient, all opioid prescription will cease.
5. I will adhere to the following practices with respect to opioid pain medication.
  - a. After minor hand procedures (e.g. trigger finger, carpal tunnel release, excision of a small benign tumor, etc.)
    - i. A single prescription for 10 pills of 5 mg hydrocodone/325 mg acetaminophen (brand name Norco) after surgery, 1-2 pills every 4-6 hours as needed.
    - ii. Expectation: Most patients will either not fill the prescription (and will take an over-the-counter pain reliever such as Tylenol alone) or will only take 1-2 Norco pills.

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- iii. Expectation: Patients will use as little Norco as possible after surgery.
- iv. Patients with more pain than expected will be evaluated in the office.
- b. After fracture, laceration, other injuries
  - i. Most hand and wrist fractures, lacerations, and other injuries that are managed without surgery are treated with non-opioid pain medication (e.g. ibuprofen, acetaminophen), splints, ice, elevation, and reassurance.
  - ii. The pain from very unstable or complex fractures is occasionally managed with opioid pain medication prior to surgery. The opioid of choice prior to surgery is Norco.
- c. After more substantial operative procedures (e.g. open reduction internal fixation of a distal radius or humerus fracture; release of an elbow contracture; etc.)
  - i. A single prescription for 20-30 pills of 5mg oxycodone/325mg acetaminophen (brand name Percocet) after surgery, 1-2 pills every 4-6 hours as needed.
  - ii. The next prescription will be for Norco, if a refill is necessary, which I discourage.
  - iii. Expectation: Patients will be off all opioid pain medication within 3 weeks of surgery/injury.
  - iv. Patients with more pain than expected will be evaluated in the office, and referred to a pain management specialist as indicated.