

# Opioid Prescribers for Total Joint Arthroplasty Patients in the Year Prior to and Year After Surgery

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**INTRODUCTION:** Patients undergoing total joint arthroplasty (TJA) have among the highest rates of pre- and post-operative opioid usage compared to patients undergoing other orthopaedic surgeries, and efforts to reduce perioperative opioid consumption in these patients must target providers prescribing these medications. The purpose of this study is to assess the opioid prescribers to TJA patients in the year before and year after surgery.

**METHODS:** This study was a retrospective, single-institution cohort study of patients undergoing TJA from 2018 to 2022 with no documented surgeries at our institution in the year before and after this surgery. A national prescription drug monitoring program was queried for filled opioid prescriptions for these patients in the 360 days before and after index surgery. Prescribing providers for each prescription were classified as operative or non-operative orthopaedic, pain management/physical medicine and rehabilitation (PM&R), primary care, emergency or acute care, inpatient or specialty, procedural, or dental providers. Prescriptions were grouped into 90-day windows surrounding date of surgery.

**RESULTS:** In total, 83,620 prescriptions were analyzed for 18,995 patients (9,173 hip arthroplasties, 9,822 knee arthroplasties). In the 0 to 90-day window after surgery, orthopaedic providers wrote 65.2% of 48,584 opioid prescriptions, while primary care providers wrote 16.5%. Across other 90-day windows, number of prescriptions (range, 4,085 to 6,6742) and percentage of prescriptions by provider type were consistent, with primary care providers (~46%) and pain management/PM&R providers (~23%) writing the majority of opioid prescriptions pre- and post-operatively, and operative and non-operative orthopaedic providers writing between 4.8 and 12% of prescriptions.

**DISCUSSION AND CONCLUSION:** Primary care providers prescribe the majority of opioid prescriptions outside of the immediate postoperative window and prescribe a considerable percentage of the opioid prescriptions within 90 days after surgery. Measures to reduce opioid consumption surrounding TJA will need to involve all providers involved in the care of these patients.

