

Department of Emergency General Surgery

Practice Management Guidelines: Opioid Discharge Recommendations

Purpose

Pain management after common emergency general surgery (EGS) operations remains highly variable. This document outlines standardized discharge medication considerations for patients undergoing common, uncomplicated EGS operations. The goal is to provide effective analgesia while minimizing the risk of opioid-related complications or misuse.

Discharge Prescriptions

Multimodal Non-Opioid Regimen (2-Week Supply):

- Acetaminophen 1000 mg PO q8h (650mg PO q8h in liver disease)
- Ibuprofen 600 mg PO q6h (omit if contraindicated*)
- Methocarbamol 500 mg PO q8h

***Contraindications to NSAIDs: active or recent GI bleed, pregnancy, CKD/AKI, liver disease, recent CABG or MI, heart failure**

Opiate Prescription Guidance:

Scenario	Discharge Oxycodone Rx
No opiate use in 24 hours pre-discharge + LOS \geq 2 days	0 tablets
Day-of-discharge oral opiate use + LOS \geq 2 days	10 tablets of oxycodone 5 mg
LOS 0–1 day (same-day/single overnight stay)	0–10 tablets of oxycodone 5 mg*

Patients with Opioid Use Disorder (OUD), High Preoperative Opiate Use, or Severe Psychiatric Comorbidities

In-Hospital Management

- Continue home pain medication (e.g., buprenorphine, methadone)
- Acetaminophen 1000 mg PO q8h (650mg PO q8h in liver disease)
- Ibuprofen 600 mg PO q6h (if no contraindication)
- Methocarbamol 500 mg PO q8h
- Gabapentin 300 mg PO q8h can be added at provider discretion if pain unrelieved by above regimen
- APS and/or addiction medicine consultation

Discharge Management

- Continue non-opiate multimodal regimen (2-week supply)
- Continue home pain medications
- Prescribe naloxone
- Prescribe 20 tablets oxycodone 5 mg for breakthrough pain
- Ensure follow-up with PCP and/or addiction/psychiatric services

Narcan Prescription Threshold

- The opioid Morphine Equivalent Daily Dose (MEDD) is ≥ 50 mg
- They are prescribed (or have an active order on the med list for) an opioid AND benzodiazepine
- They are prescribed an opioid AND have substance use disorder or a history of overdose

Patient Education

- Pain is expected to peak on **POD 1–2** and significantly decrease by **POD 5–7**
- Emphasize scheduled use of non-opioids
- Counsel on safe storage of medications (e.g. lockbox)
- Encourage proper disposal (e.g., drug take-back events)
- Discuss risk of opioids, including the risk of addiction

Procedure-Specific Discharge Opiate Recommendations for opioid naive patients

Procedure	Recommended Discharge Opioid Rx
Laparoscopic appendectomy	0–10 tablets oxycodone 5 mg
Laparoscopic cholecystectomy	0–10 tablets oxycodone 5 mg
Laparoscopic inguinal hernia repair	0–10 tablets oxycodone 5 mg
Open inguinal hernia repair	0–10 tablets oxycodone 5 mg
Laparoscopic ventral hernia repair	0–10 tablets oxycodone 5 mg
Open ventral hernia repair	0–15 tablets oxycodone 5 mg
Laparotomy	0–15 tablets oxycodone 5 mg*
Laparoscopic colectomy	0–10 tablets oxycodone 5 mg
Open colectomy	0–15 tablets oxycodone 5 mg*
Ostomy reversal	0–15 tablets oxycodone 5 mg

References

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October 2025