

Member Groups Requesting Changes:

Hennepin Healthcare
Mayo Clinic
M Health Fairview
Sanford Health

Member Groups that Reviewed the Guideline, No Changes Requested:

None

Member Groups that Responded but the Guideline Does Not Pertain to Practice:

None

Sponsoring Health Plans Requesting Changes:

None

Sponsoring Health Plans that Reviewed the Guideline, No Changes Requested:

None

GENERAL COMMENTS:

1. Comment:

In general, the feedback was positive with the community appreciative that this revision of the guideline included a section on perioperative opioid management.

Response:

We appreciate all the comments we received on this guideline. We are glad to produce a document that provides guidance that this health care community is in need of.

CONTENT:

1. Comment:

Recommendation for hemostasis needs to be more clear with expectations to monitor patients on anticoagulation therapy, when to stop therapy before surgery, and when to resume therapy after surgery. This area is the highest risk for patients undergoing surgery and associated with significant adverse events. The way the recommendation is stated gives the impression that anticoagulation therapy monitoring is optional (i.e. the word "may" is used in the recommendation).

Response:

Thank you for your comment. The ICSI work group considered this topic during the revision and a literature search was done. However, the literature on this topic is very broad and specific to a topic and it was not feasible for this work group to address. This topic may be revisited during future revision.

2. Comment:

Consider Preoperative Carbohydrate Loading Topic in the guideline.

Response:

Thank you for your comment. The work group did not look at carbohydrate loading topic during this revision, but this topic will be added for consideration for next time this guideline is revised.

3. Comment:

Consider including Ketamine under Postoperative Multimodal Pain Management in Perioperative Opioid Management section.

Response:

Thank you for your comment. The ICSI Perioperative Opioid sub group considered this comment and decided not to include Ketamine during this revision. However, it may be revisited during future revision.

4. Comment:

I do not see any recommendations that emphasize postoperative opioid prescribing and limits on opioid prescriptions. Given the recent MN legislation and work with opioid MME, this should definitely be carried over into any opioid postoperative pain management guideline. The opioid section and annotations overall are very vague and I would not use this document in practice.

Response:

Thank you for your comment. The ICSI Perioperative Opioid Management subgroup group acknowledges that currently there is no evidence to recommend definitive specific opioid prescribing dosing postoperatively. Evidence is growing on appropriate procedure-specific dosing, however, it is out of scope of this document to address that. The MN Health Collaborative is addressing standards and benchmarks for opioid prescribing based on the type of surgery. Please refer to the MN Health Collaborative Call to Action on Postoperative Opioid Prescribing for more information.

5. Comment:

The section on perioperative considerations for patients with opioid use disorder is very disorganized. The section starting around page 50 provides a vague overview of patient and provider education tips. The actual dosing tables for methadone and buprenorphine are annotated later in the document. This is a very difficult section to use given that there is no algorithm for clinical decision making on a perioperative pain management plan (i.e. assessment of the patient and opioid use disorders, current medication therapies for pain or MAT and decision to continue throughout surgery, strategy for use of other pain medications to control postoperative pain). I don't think anyone will use this document as a tool in the format it is in now. There are already better resources published in literature that provide better guidance.

Response:

Thank you for your comment. The section has been re-organized and edited to address these concerns.

PRIORITY AIMS AND SUGGESTED MEASURES:

None