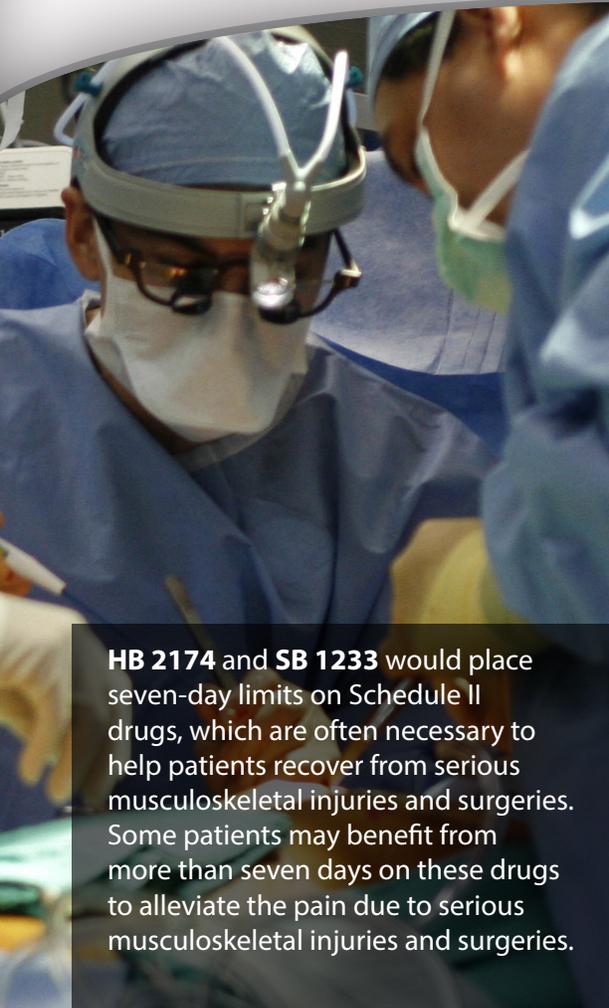


HB 2174 & SB 1233:

Lack Important Exceptions for Musculoskeletal Surgeries & Injuries



HB 2174 and SB 1233 would place seven-day limits on Schedule II drugs, which are often necessary to help patients recover from serious musculoskeletal injuries and surgeries. Some patients may benefit from more than seven days on these drugs to alleviate the pain due to serious musculoskeletal injuries and surgeries.

“Although 7 days appears to be more than adequate for many patients undergoing common general surgery and gynecologic procedures, prescription lengths likely should be extended to 10 days, particularly after common neurosurgical and musculoskeletal procedures, recognizing that as many as 40% of patients may still require 1 refill at a 7-day limit.”

Scully RE, Schoenfeld AJ, Jiang W, et al. Defining Optimal Length of Opioid Pain Medication Prescription After Common Surgical Procedures. *JAMA Surg.* 2018;153(1):37–43. doi:10.1001/jamasurg.2017.3132

Lawmakers’ Ask

HB 2174 and SB 1233 wisely recognize that certain cancer and hospice patients may need a supply of Schedule II drugs for more than seven days by creating an exemption for these patients. It is critical for the bills to add a similar exception for serious musculoskeletal injuries and surgeries.

Why a Seven-Day Limit Requires Exceptions

Despite the use of multimodal pain protocols, an alternative to an opioid for a painful injury or surgery does not always exist. An anti-inflammatory drug is not a good alternative for those with gastric or kidney problems. Similarly, with liver conditions, the use of acetaminophen (Tylenol) is not a good alternative.

In addition, it is critical to note that some serious musculoskeletal surgeries, such as lower extremity joint replacement surgery, may benefit from a prescription of approximately 14 days to alleviate pain. In addition, multi-trauma and pelvic fractures may benefit from more than 14 days. For these types of surgeries, limiting Schedule II drugs to seven days could result in:

- Unnecessary trips to the emergency department to control the pain.
- Unnecessary trips to the physician’s office to acquire another prescription when the patient should be at home recovering.

Other examples of serious musculoskeletal injuries and surgeries that may require more than seven days include:

- Foot and ankle surgeries – such as ankle fractures, total ankle replacements, and foot reconstructive procedures – require patients to be non-weight bearing and rely on crutches, walkers, or wheelchairs for a minimum of two to three weeks. Additionally, the patient’s leg is elevated to reduce swelling, control pain, and optimize wound healing. The first post-operative visit is typically at the two-week mark. Forcing a patient to come to the office early for a prescription refill may jeopardize their outcome due to the unnecessary travel. While a telephone call for a refill at the seven-day mark may seem like a logical solution, most surgeons would prefer to see the patient in person to ensure that nothing has changed before adding a new prescription.
- High-energy injuries, such as pelvic and femur fractures, create tremendous pain. Fractures in all groups of patients can be treated non-operatively or operatively, and this may require a narcotic prescription of seven days or more.
- Surgical correction for scoliosis and other multi-level spinal surgeries are extremely painful and often require a narcotic response for greater than seven days.
- Complex reconstructive procedures – which may include osteotomies, deformity correction, limb lengthening procedures, and hip/pelvis procedures – require proper pain management to allow for early mobilization. This also avoids harmful side effects, including arthrofibrosis and blood clots.
- Patients who undergo rotator cuff surgery often require two weeks of narcotic medication and are prohibited from driving while in a restrictive sling. This particularly affects elderly patients in rural areas who live alone and have long, expensive, and painful taxi rides to the pharmacy.

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