

Discontinuing Buprenorphine For Scheduled Surgical Procedures

MCC Patient Education

From time to time patients who are receiving buprenorphine treatment will require either emergent or elective surgical procedures. Emergent procedures are by definition unexpected and patients can still be treated for pain with pain medications with a high affinity for the opioid binding site or simply with just larger amounts of pain medication. For patients who plan to undergo elective procedures, they should be instructed to adhere to the following:

- 1) Stop taking buprenorphine 24 hours before a planned surgical procedure.
- 2) Inform your surgeon and your anesthesiologist of all medications that you are taking.
- 3) While in hospital, you may be treated with whatever medications your attending physician deems necessary. If possible, you should request ahead of time to be treated with buprenorphine for pain while in hospital.
- 4) Upon discharge, most patients will be able to resume taking their buprenorphine and experience adequate pain relief.
- 5) If you do not experience adequate pain relief with buprenorphine, then you can be managed by your surgeon, with a full agonist opiate until your pain can be controlled with buprenorphine.
- 6) You need to be in mild to moderate opioid withdrawal before switching from a full agonist opiate (i.e. oxycodone or hydrocodone) back to Buprenorphine.
- 7) Receiving full agonist opiates for surgical procedures can be a challenging time for individuals with substance use disorder. Many individuals are worried that they will experience a relapse once they are given full agonist opiates for pain control. In order to avoid relapse, you should maintain your recovery vigilance and increase the frequency and intensity of time that you spend with community support resources (i.e. AA, NA) and your sponsor or counselor.