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**Opioid Prescribing and Use Following Common Plastic Surgery Procedures**

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**BACKGROUND:** Overprescribing of opioids has become a topic of interest given the potential adverse outcomes associated with their use. Excess prescribing of opioids has been shown to have individual and societal impacts such as addiction, dependence, and misuse. Opioids are frequently prescribed for analgesia following plastic surgery procedures. This study aims to investigate prescribing patterns and explores self-reported patient experiences with opioid use, pain control and disposal of unused tablets following common hand and breast surgeries.

**METHODS:** Patients undergoing 5 common predetermined breast procedures and 6 common hand procedures in a specified 14-week period were identified by billing code through health information services. Sixty-two hand procedures and 46 breast procedures were identified. Collaboration with opioid monitoring services of the Nova Scotia Provincial Monitoring Program (NSPMP) allowed for data surrounding prescription filling rates, drug type, dose and tablets dispensed. Additionally, all patients were contacted to participate in a structured telephone interview surrounding prescription awareness, pain control, and disposal of excess medication.

**RESULTS:** 55.4% and 41.6% of patients received and filled an opioid prescription following a hand or breast procedure, respectively. Hydromorphone was the most commonly prescribed narcotic for both hand and breast procedures. Average number of opioid tablets dispensed following hand and breast procedures was 36.1 and 31.9, respectively. Forty-eight percent and fifty-two percent of hand and breast patients completed phone interviews. 4.2% of breast patients required an opioid refill, whereas no hand patients did. Seventy-three percent of hand 75% of breast patients used at least one over-counter analgesic, most common being acetaminophen alone. Average self-reported pain score and total pain period was not significantly different between those using opioids and those not for both hand and breast procedures. 6.7% and 23.1% of patients report returning excess narcotics to pharmacy, whereas the majority report still having or self-disposing excess tablets.

**CONCLUSIONS:** Opioid prescriptions are frequent following the procedures studied. In general, opioids appear to be prescribed in excess as denoted by self-report low prescription usage, statistically insignificant differences in pain for those using and not using opioids and low refill rates. Additionally, the majority of unused opioids were noted to be still at home or disposed of inappropriately. Taken together, this study suggests a role for reviewing opioid prescribing patterns for common hand and breast procedures to reduce contributions of excess opioids to an ongoing opioid epidemic.

**Single-unit Technique for the Use of Acellular Dermal Matrix in Immediate Expander-based Breast Reconstruction**

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**INTRODUCTION:** The use of acellular dermal matrices (ADMs) in immediate 2-stage prosthetic breast reconstruction is now a common practice. However, the manipulation of ADM to create the inferolateral sling can be unwieldy in practice, typically involving the placement of the ADM followed by positioning and anchoring of the prosthetic expander. At best, this may be a minor nuisance, but this may also potentially influence outcomes, including wrinkling or discrepancies in symmetry.