Sir,

Although perioperative analgesia is multimodal and often requires narcotics, even short courses of opioid treatment may lead to serious adverse events. In plastic surgery, cosmetic procedures are becoming increasingly prevalent as the baby-boomer generation ages. Thus, opioid prescription habits may place patients, particularly those over the age of 55, at risk for related complications. This study evaluates prescription patterns among plastic surgeons treating Medicare eligible patients undergoing plastic surgery procedures.

This cross-sectional study used the 2016 Medicare Provider Utilization and Payment data to identify plastic surgeons performing surgical procedures on Medicare patients. Surgeons with greater than 10 opioid claims reported in the Medicare Part D 2016 data were included (n = 1,582). Using the Medicare Part D and Medicare Physical and Other Supplier data, we gathered characteristics of prescribing surgeons and their claims, including surgeon demographics, location, procedures performed, and duration of prescription. Statistics used R Statistical Software and included both Student’s and weighted t-tests. Characteristics of the top 5% of prescribers were compared to the bottom 95%. Surgeons in the top 5% had a mean of 1.3 ± 0.76 opioid claims per Medicare beneficiary compared to 0.29 ± 0.18 claims in the bottom 95% (P < 0.001).

Practicing in the Southern or Western regions was a significant predictor (P < 0.001) of whether a surgeon would be in the top 5% (Fig. 1). Interestingly, those performing greater than 10% breast procedures were more likely in the top 5% as well (P < 0.001). Finally, surgeons in the top 5% prescribed longer durations of opioids (9 versus 5 days, P < 0.001).

In this study, we show that Medicare opioid claims by plastic surgeons vary based on surgeon characteristics. Our finding of region as a predictor of increased opioid prescription is particularly interesting as geographic location should not affect postoperative pain medication requirements. This suggests that plastic surgeons in the Southern and Western regions may be influenced by cultural, economic, or other, yet to be defined, differences unique to those regions.

Breast surgery as a predictor of increased opioid claims represents a more nuanced story as breast cancer surgery must be taken into account. In a recent study looking at breast reduction and secondary breast reconstruction, Hart et al. found that, given a prescription of 30 opioid tablets, between 12 and 18 tablets were left over. Additionally, 7% of secondary reconstruction patients were still taking opioids at greater than 30 days after their operation despite low pain scores, a finding suggestive of new long term opioid use. In breast cancer, psychosocial risk factors

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**Fig. 1.** Opioid claims statistics, organized by state.
for persistent postoperative pain overlap with those for long-term opioid use creating a distinctly difficult situation for the surgeon.\textsuperscript{3,4} Although research on acute and chronic pain management in the breast cancer population is needed to guide physician practice, there are no data suggesting a benefit of increased opioid prescriptions after breast cancer surgeries.

Awareness of opioid prescribing practices related to geographic location and breast surgery may allow implementation of alternative, nonnarcotic, strategies to protect patients from opioid-related complications.

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The authors have no financial interest to declare in relation to the content of this article.

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