Opioid and Narcotics Sessions

Daniel Resnick, MD, NASS President:

“NASS is a multidisciplinary medical society based on the treatment of spinal disorders. The most common symptom of spinal disorders is pain. Management of pain is therefore one of the most important things that NASS members do on a daily basis.

We are in the midst of a prescription opioid crisis driven by misguided policy, unrealistic patient expectations, and those who prioritize profits over care. In response to this crisis, draconian measures have been instituted and more have been suggested to curb the availability of opioids to mitigate the crisis. Many practitioners and patients are caught in the middle, with few viable alternatives for pain relief for acute and chronic spinal disorders. Throughout education sessions at this annual meeting, we aim to provide updates and guidance on how to manage patients during this transitional period. NASS remains committed to the evidence-based management of spine-related pain syndromes by whatever means are shown to be effective.”

Wednesday, September 26

2:00-3:00 p.m. Abstract Presentations: Surgery and Opioids (Room 403A)

69. Immediate Postoperative Narcotic Use Is Not Associated with Preoperative Opiate Use or Surgery Invasiveness

70. Implementation of a Standardized Multimodal Analgesia Protocol Reduces Pain Scores, Opioid Consumption, Opioid-Related Adverse Events, and Length of Hospital Stay after Posterior Lumbar Fusion

71. Liposomal Bupivacaine Reduces Narcotic Consumption in Adult Deformity Surgery

72. The Impact of Surgical Invasiveness and Patient Factors on Long-Term Opioid Use in ASD Surgery

73. Narcotic Consumption Following Minimally Invasive Lumbar Decompression: A Comparison Between Hospital and Ambulatory-Based Surgery Centers

74. Opioid Utilization Following Cervical Spine Surgery: Trends and Factors Associated with Long Term Use

75. Opioid Utilization Following Lumbar Arthrodesis: Trends and Factors Associated with Long-Term Use
Thursday, September 27

7:30-8:30 a.m.  Plenary: Envisioning a Narcotic-Free America: Role of Spine Physicians
(Concourse Hall 151/152)

Moderators: Nathaniel P. Brooks, MD and Joseph S. Cheng, MD, MS

- Epidemiology of Postoperative Pain and Opioid-Related Adverse Events, Karthik Madhavan, MD
- Upside and Downfalls of NSAIDs to Manage Postoperative Pain, Christoph P. Hofstetter, MD, PhD
- The Opioid Pendulum: An Equilibrium Position, Jerome Schofferman, MD
- Use of Epidural Steroids to Minimize Narcotic Use, Fred Geisler, MD, PhD
- Use of Long Acting Local Anesthetics to Manage Postoperative Pain, Michael Y. Wang, MD
- Use of Minimally Invasive Surgical Techniques to Minimize Postoperative Pain, Choll W. Kim, MD, PhD
- Role of Physical Therapy in Mitigating Pain Symptoms Ryan A. Tauzell, PT, MA, Cert. MDT
- Discussion, Questions and Answers, Faculty Panel

1:23-1:29 p.m.

120. Preoperative Psychological Factors Significantly Add to the Predictability of Chronic Narcotic Use: A Two-Year Prospective Study (406AB)

Friday, September 28

9:00-9:06 a.m. Best Paper Session

147. Preoperative Multimodal Analgesia to Decrease Narcotic Consumption in Elective Spinal Fusion Patients (Concourse Hall 151)

1:00-2:30 p.m.  Interdisciplinary Spine Forum: Opiates and What Should We Be Doing First? (406AB)

Moderator: Robb Russell, DC

- Opioid versus Non-Opioid Medications for Chronic Back Pain: The SPACE Trial, Erin Krebs, MD
- Psychological Assessment and Treatment of Chronic Back Pain: Alternatives to Opioids Daniel Bruns, PhD
- Integrating Complementary and Alternative Management Using Diagnosis-Based Decisions Melissa Nagare, DC, LA
- Discussion, Questions and Answers, Faculty Panel

4:05-4:11 p.m.

233. Opioids Delay Healing of Spinal Fusion: A Rabbit Posterolateral Lumbar Fusion Model (Concourse Hall 151)
Saturday, September 29

7:30-9:00 a.m.  Symposium: Section on RIMS: Clinical Failure of Lumbar Surgery Part II—Treatment Options (403A)

- Intensive Rehabilitation Following Unsuccessful Lumbar Spine Surgery
  Carol Hartigan, MD
- Facet IA Injection/RFN Byron J. Schneider, MD
- SIJ RFN versus Serial Injections Alison A. Stout, DO
- Medications: Opioids & Non-Opioid Analgesics, Jerome Schofferman, MD
- Spinal Cord Stimulators Sanjog Pangarkar, MD
- Reoperation Jeffrey C. Wang, MD
- Discussion, Questions and Answers Faculty Panel

9:00-10:00 a.m.  Abstract Presentations: A Fresh Look at Opioids (Room 404AB)

Moderator: Sanjog Pangarkar, MD


268. Narcotic Use Trends in Elective Thoracolumbar Spinal Surgery Patients

269. Baseline and Post-Fusion Opioid Burden for Low Back Pain Patients

270. Comparing Posterior Approach Lumbar and Neck Surgery With and Without Multimodal Methadone

271. Inpatient Pain and Narcotics Utilization Based on Preoperative PHQ-9 Scores After Minimally Invasive Transforaminal Lumbar Interbody Fusion

272. Spinal Anesthesia is a Cost-Effective Alternative to General Anesthesia in Lumbar Fusion Surgery


Posters, Available in The Learning Place (Technical Exhibit)

P103. Preoperative PROMIS Score is Not Predictive of Postoperative Pain or Narcotics Consumption After Anterior Cervical Discectomy and Fusion

P139. The Effect of Preoperative Medications on Length of Stay, Inpatient Pain and Narcotics Consumption Following Minimally Invasive Transforaminal Lumbar Interbody Fusion

P161. Inpatient Pain Scores and Narcotic Utilization Based on American Society of Anesthesiologists Score After Minimally Invasive Transforaminal Lumbar Interbody Fusion