Correspondence

Regional anaesthesia and persistent postoperative opioid use: a reply

We thank Dr Alexander et al. [1] for their interest in our consensus statement on the prevention of opioid-related harm in adult surgical patients [2]. Although they found the recommended strategies to prevent such harm accessible and useful, they are surprised we did not use our article as a vehicle to extol the benefits of regional anaesthesia in reducing the risk of harm related to the use of opioids. We would like to reiterate that, although regional anaesthesia has a multitude of benefits to patient-centred outcomes, our aim was to develop focused guidelines that would help reduce the risk of persistent postoperative opioid use, opioid-induced ventilatory impairment, and non-medical opioid use and opioid diversion, which are very significant hazards associated with postoperative opioid use and extend well beyond the immediate postoperative period. We clearly stated that although "*intra-operative strategies are important, they are complex and heterogeneous, and beyond the scope of this document*" [2]. In addition, regional anaesthesia was not mentioned specifically in our guidelines [2] as our literature review found evidence that it was not associated with changes in opioid prescribing patterns after discharge, did not reduce the pool of opioids in the community available for misuse and diversion and did not diminish persistent postoperative opioid use [3–5]. Despite the undoubted benefits of regional anaesthesia, many patients who receive these techniques often require an opioid once the effect wanes [6] and are, therefore, still at risk of opioid-related harm unless effective stewardship is implemented.

Reduction of these risks require changes in opioid stewardship practices covering the time from before admission to quite some time after discharge, rather than a focus primarily on intra-operative and immediate postoperative analgesic strategies [2]. It remains to be seen whether the benefits of regional anaesthesia combined with better opioid stewardship will further reduce opioid misuse.

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