

## New Persistent Opioid Use after Bariatric Surgery

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**INTRODUCTION:** Patients undergoing bariatric surgery may be particularly vulnerable to opioid dependence due to chronic knee and back pain associated with morbid obesity. Recent work notes post-bariatric surgery patients are at increased risk of self-harm and have significant potential for cross-addiction to alcohol and illicit drugs. We sought to understand the prevalence of persistent opioid use after bariatric surgery.

**METHODS:** Using data From the Michigan Bariatric Surgery Collaborative (MBSC), we identified patients undergoing primary, non-revisional bariatric surgery who had baseline and 1 year follow-up data (n=14,063). We ascertained opioid use using a patient-reported survey methodology previously validated within MBSC. Patients were asked whether they used “Prescription pain killers” with a list of commonly prescribed opioid medications.

**RESULTS:** In this cohort, 76% (n=10,697) of patients denied opioid use preoperatively (Table 1). Nearly 10% of these opioid naïve patients reported new persistent opioid use one year after surgery. This represents a 60% increase compared to general surgical patients (9.7% vs 6.0%). Among patients who reported preoperative opioid use (n=3,366), 39.7% no longer reported opioid use at one year after surgery. Overall, 27% of post-bariatric surgery patients report opioid use one year following bariatric surgery.

Table 1. Opioid medication use at baseline and 1 year follow-up

Opioids at baseline	Opioids at 1 year		Total
	Yes	No	
Yes	2,461	1,337	3,366
No	905	9,360	10,697
Total	3,798	10,265	14,063

**CONCLUSIONS:** Opioid naïve patients undergoing bariatric surgery develop much higher rates of new persistent opioid use compared to other general surgical patients. Furthermore, those with baseline opioid use have a small rate of remission. Given the elevated risk of cross-addiction in these patients, providers should pay special attention to opioid use during the post-surgical period.