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Educating Patients on Pain Management After Breast Cancer Resections

Announcer:
You're listening to Breaking Boundaries in Breast Cancer, sponsored by Lilly.

This is ReachMD and I'm Dr. Matt Birnholz. I'm joined by Dr. Katie Egan. She's a plastic surgery resident over at the University of Kansas, and she is first author of a poster called opioid consumption following breast surgery decreases with a brief intervention, a randomized controlled trial. Dr. Egan, welcome to you.

Dr. Egan:
Thank you very much. I'm excited to be here.

Dr. Birnholz:
So, I want to ask you about your study because this is obviously an enormous problem that we're dealing with, with the opioid epidemic in America. You took on a study, uh, boldly to try to investigate ways to help, uh, lower the opioid use among breast surgery patients. Tell me a little bit about how you came into this study.

Dr. Egan:
Uh, it's – it's been something that I've always been passionate about – about providing pain control for patients, um, with expectations, um, that can help to reduce opioid use and the effects that come with opioid use. So the goal is for patients to have, uh, expectations, um, that they may not need opioids or may need fewer opioids than our societal pressures have set, um, to decrease the potential negative effects of – of opioid use and long-term opioid use.

Dr. Birnholz:
And it's a really interesting point you bring about, uh, societal expectations because anybody, uh, looking at patients or putting themselves in the patient's shoes for undergoing any kind of surgery, their first impression is, well, of course, you're going to need some heavy duty narcotics, you're going to need something for that pain because we don't want to minimize that or dismiss that, but there is a tightrope here, there – there is a balance. Um, tell me a little bit about how that balance was being investigated through your study.

Dr. Egan:
Um, we – so in our study, we looked at how we could reduce, uh, opioid use in patients through education. Um, so we developed a brief educational intervention that was a single page handout that set expectations for pain control, so we wanted to set expectations for patients that it is normal to have some pain after surgery, um, and that pain is your body's response to healing and your – your response to surgery. Uh, however, um, uh, the expectations shouldn't be that you should have no pain after surgery, which is what our society has – has engrained in people, as the people should have no pain after surgery. So we're trying to change that expectation to normalizing the pain response. Um, so as part of the intervention, we, uh, provided information on ways that people can control pain without using opioids through other medications and through non-opioid methods. Um, so this, uh, intervention was a single page handout. It was given to patients to read and with, uh, just this simple intervention, we're able to reduce opioid use by 30 per – 30 percent in patients.

Dr. Birnholz:
30 percent in patients through a handout.

Dr. Egan:
Uh, that's correct.

Dr. Birnholz:
Pretty impressive, uh, considering how intuitive a handout sounds, um, I'm sure many people go, oh, yeah it couldn't hurt, huh, but it sounds like it could actually really help.

Dr. Egan:
That's exactly what we found. So, we didn't find any negative side effects of giving people, a – a piece of paper. Breast cancer patients get a lot of handouts, uh, as they go through their process of getting their diagnosis with breast cancer, um, meeting with surgeons, and surgical subspecialist. Uh, so we wanted to keep it brief and keep it to something that patients could easily consume, um, and under five minutes, as they're often overwhelmed with the amount of information that they get.

Dr. Birnholz:
And speaking of that information, I imagine there was some sensitivity around trying to craft a message that wouldn't necessarily speak to, hey, well just grit your teeth and bare it. Um, pain is – is normal. Pain is life, but also trying to educate these patients around, well, what does it mean to come out of surgery? Should you be in zero pain? How did you craft that message?

Dr. Egan:
We worked with our oncologic psychologist at our, uh, institution, who are kind of on the front lines in listening to patient's concerns, as they're going through their diagnosis and their surgical process. Um, so they have a lot of experience of hearing what patients think about their pain and what information they wish they had about pain. So they helped us to craft that message.

Dr. Birnholz:
And if in the process of delivering and disseminating that message, you observed a 30% decrease in, uh, opioid tablets that were used compared to control groups. What next I think is the next question. If a handout could do that, where do you go from there?

Dr. Egan:
So our next goal is to work with our patient advocates to actually develop a short video that can be delivered from the patient perspective on the – a similar message, uh, dealing with pain control and pain expectations, um, that we feel can be even more powerful than, uh, a simple handout.

Dr. Birnholz:
So moving ahead and thinking about, uh, projects to go – projects to come over the next few years, um. Where do you see the next investigations for the University of Kansas and, um, and your team?

Dr. Egan:
I think that's our next – next step in this process is to work with patients directly and helping to develop an intervention that may be even more effective.

Dr. Birnholz:
Are there any other interventions that are needed to the healthcare profession, as far as changing their expectations around what pain management means?

Dr. Egan:
Absolutely, and that has been, uh, studied at our institution and other institutions and that's a big push right now, is to change healthcare provider expectations on the amount of opioids that are needed after surgery, uh, and, uh, how to talk to patients about opioids.

Dr. Birnholz:
And if we're talking specifically around breast cancer, are there any unique factors that we need to take into account that are differentiated from, uh, other procedures, or other patient populations?

Dr. Egan:
Yeah, so one of the things that we found in a previous study that we did, is that, uh, preexisting opioid use prior to surgery can predict higher opioid needs postoperatively, um, and – that's something that's encountered frequently in the breast cancer population, as these patients often are going through, uh, their oncologic process, uh, with, uh, possible chemotherapy, uh, and other procedures, um, prior to arriving for their surgery, and these patients may need further education or further discussion, um, since they may have different opioid expectations.

Dr. Birnholz:
And I imagine there's some need to stratify the patient populations further into those who are dealing with primary tumors and – and surgical resections and those looking at a recurrence. What do you think about that?

Dr. Egan:
I think that's absolutely true. Um, uh, I think the – the recurrence patients are a unique population, um, and likely, uh, have had experience with opioids before that may change, uh, both their expectations and their perception, um, as well as their pain experience.

Dr. Birnholz:
Well Dr. Egan, it's been a really great conversation. Any, uh, thoughts as far as calls to action, uh, that our listening audience of healthcare professionals might want to grab onto and run with?

Dr. Egan:
Yeah, I think we're at a cultural shift point, uh, with the opioid prescribing in the United States, um, what we've found is that even without an intervention, patients were consuming an average of 24 tablets after surgery, but with an intervention, we could decrease that to 16 tablets after surgery. Um, so having a discussion with patients or provided a brief education, can have a big impact on, uh, what opioids patients consume after surgery.

Dr. Birnholz:
Well, we have been speaking about education and on opioid consumption following breast surgery and how brief interventions can make massive differences, uh, in opioid consumption by patients. Dr. Egan, it's been a pleasure talking to you.

Dr. Egan:
Thank you so much.

Dr. Birnholz:
For access to this and other content devoted to breast cancer research and treatment, visit ReachMD.com where you can be part of the knowledge. I'm Dr. Matt Birnholz. Thanks again for listening.

Announcer:
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