

Editorial

Addressing the Ongoing Opioid Crisis: Practical Guidance to Manage Musculoskeletal Pain Responsibly

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The United States continues to face an opioid crisis, characterized by a staggering increase in opioid-related deaths, addiction rates, and socioeconomic burden over the past few decades and accelerating after the Covid-19 pandemic. This crisis has impacted numerous medical fields, including orthopaedic surgery, where opioids have long been a cornerstone of pain relief.¹ As advocates for patient well-being, it is imperative for orthopaedic surgeons to acknowledge the role they play in continuing to combat this crisis and proactively guide alternative approaches to musculoskeletal pain relief.



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Orthopaedic surgeons encounter the opioid crisis on a regular basis, as many musculoskeletal conditions and procedures are associated with significant pain, making adequate pain relief crucial for patient comfort and recovery. Orthopaedic surgeons, at times unknowingly, may overprescribe postoperative opioids, leading to excess medication in circulation and increasing the risk of misuse. Moreover, there is evidence in several subspecialties suggesting that opioid use during the early stages of postoperative recovery can negatively impact long-term outcomes, such as prolonged pain, delayed return to work, and increased risk of chronic opioid use (prescribed and/or illicit).² This issue of *SurgiColl* aims to help orthopaedic surgeons by adding to a growing body of Open Access literature, giving them practical guidance to responsibly control postoperative pain and minimize opioid use for their patients in several orthopaedic subspecialties (foot & ankle, arthroplasty, shoulder, spine, trauma, and sports).³

Many orthopaedic surgeons are leading the way in shifting the paradigm of pain relief towards safer alternatives to opioids. Multimodal analgesia, which combines multiple non-opioid medications and non-medication techniques, has shown promising results in minimizing opioid requirements while effectively managing pain.⁴ Orthopaedic surgeons must also play an active role in educating others (e.g., patients, healthcare team members, and other specialties) about responsible musculoskeletal pain relief. Many non-opioid medications and modalities should be considered as first-line treatment in efforts to manage musculoskeletal pain in patients being managed for non-surgical conditions and post-surgical pain. Patient-centered conversations should include a thorough discussion of alternative pain relief strategies and modalities, the potential side effects and risks of opioids, and the importance of adhering to prescribed dosages. By setting realistic expectations and empowering patients to actively participate in

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their pain relief, orthopaedic surgeons can contribute to reducing the reliance on opioids.

The ongoing opioid crisis demands immediate action, and orthopaedic surgeons continue to have a vital role to play. By embracing a multimodal approach to musculoskeletal pain relief and giving practical tips to our colleagues, implementing evidence-based practices, and

proactively educating patients, healthcare team members, and other specialties, orthopaedic surgeons can mitigate the risks associated with prescribed opioids while ensuring optimal and safe patient care.

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