

Working to Control Pain without Opioids

OSF HealthCare Newsroom

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When Rob Buck had to have surgery on his colon in October of 2017, he also agreed to be part of a study to look at whether non-narcotic pain medication could help him manage any discomfort afterwards. The pain was to be expected with a procedure that required an incision in his abdomen.

With opioid addiction making headlines across the country, Buck knew he wanted to limit the amount of potentially addictive narcotics for pain following surgery. And that's exactly what he did.

SOT Rob Buck – Surgical Patient

(I would take one every three hours, I did acetaminophen and three hours later took ibuprofen and I alternated those throughout my hospital stay which was four days and I think the next two or three days at home I think I stopped on Monday. I was fine and I had no pain :23)

V/O: Rob's surgery took place at [OSF HealthCare Saint Francis Medical Center](#) in Peoria, Illinois, a Level I trauma center, one of 13 hospitals in the OSF HealthCare system. What started as a way to deal with a shortage of intravenous opioid medications has blossomed into a major effort by the health system to find other pain relieving options for patients.

SOT Jerry Storm – Senior VP, Pharmacy – OSF HealthCare

(You use Tylenol, so you use ibuprofen, things like heat packs, cold packs, even peppermint - different scents of smelling has been shown to give people relief. You have ministry services where prayer and meditation also helps with pain relief. So it's utilizing all those non-drug or non-pharmacological avenues to be able to get that pain relief. :36)

V/O: Among the things OSF HealthCare is doing for hospitalized patients is to implement an automatic reassessment by doctors of any opioid pain medication a patient is taking within 48 hours of starting them to see if they can be switched to non-opioids or other pain alternatives. For outpatients or people being discharged from the hospital, the amount of opioid pain medication – pills – that a person is prescribed automatically through the electronic medical record system has been cut in half. The prescription is able to be refilled if necessary.

Another important part of the effort, according to Jerry Storm, Senior VP of Pharmacy for OSF HealthCare, is educating providers to change the way they prescribe opioids for pain control.

SOT Jerry Storm – Senior VP, Pharmacy – OSF HealthCare

(It's changing the minds thought and the mind process that's been ingrained in healthcare providers for 20+ years now. So educating that opioids for mild to moderate pain isn't the first line of treatment. You look for first line of treatment to be these alternative type therapies and that may not even be drugs it might just be physical therapy. And then it's talking to the patient and having the patient understand the risks also associated with these opioids. :36)

V/O: Rob Buck did understand the potential risk of opioid pain killers and wanted no part of them if possible. He thinks we've become too dependent on such strong medications that aren't always necessary and encourages everyone to try non-narcotic pain relief first.

SOT Rob Buck – Surgical Patient

(You have nothing to lose. You may experience some pain and if you do then you can say "hey, I need more this isn't working." But why not give it that try and see if you can avoid going down that road that could potential lead to problems for yourself and your family :23)

V/O: There are circumstances and illnesses in which pain control with opioids is beneficial such as for cancer patients or those in hospice care. Jerry Storm encourages anyone being prescribed an opioid to ask their provider if a non-narcotic medication or other approach could work just as well.