



Centre for  
Perioperative Care

**RCOA**  
Royal College of Anaesthetists



**FACULTY OF  
PAIN MEDICINE**  
of the Royal College of Anaesthetists

### **CPOC position statement on Modified Release Opioids**

There is evidence that the use of modified release opioids after surgery can lead to harm for patients<sup>1</sup>. Adverse effects such as opioid induced ventilatory impairment, constipation, delayed mobilisation and long-term opioid dependence can hamper recovery and rehabilitation efforts.

These harmful effects have gained worldwide recognition, leading to a number of organisations from the UK, America, Australia and New Zealand recommending the avoidance of modified release opioids in the perioperative period<sup>2-4</sup>. Postoperative pain is acute and largely self-limiting, differing in nature to pre-existing arthritic pain. The use of controlled release opioids in this setting confers no benefit for patients but carries an increased risk compared with immediate release formulations.

The Centre for Perioperative Care ([CPOC](#)) recommends that opioid prescribers follow best practice guidance from the Faculty of Pain Medicine (FPM)<sup>2</sup>:

- Avoid modified release opioids. Use simple analgesics such as paracetamol or NSAIDs (unless contraindicated). Use immediate-release opiates if these are not effective enough. If modified release preparations (including transdermal) are used, due care should be exercised as they have been associated with harm.
- Develop local protocols for discharge medication with pharmacy and primary care. Document dose, duration and de-escalation.
- Advise patients about safe self-administration, weaning and disposal of opioids, along with risks of adverse effects such as respiratory depression and sedation.

CPOC are currently working with FPM on a guideline for perioperative management of pain which will further inform this statement.

1. Levy N, Mills P. Controlled-release opioids cause harm and should be avoided in management of postoperative pain in opioid naïve patients. *British Journal of Anaesthesia*. 2019 Jun 1;122(6):e86-90.
2. Wilkinson, P., Srivastava, D., Bastable, R., Carty, S., Harrop-Griffiths, W., Hill, S., Levy, N. and Rockett, M., 2020. Surgery and opioids: best practice guidelines 2021. Available from <https://fpm.ac.uk/media/2721>
3. Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC clinical practice guideline for prescribing opioids for pain—United States, 2022. *MMWR Recommendations and Reports*. 2022 Nov 4;71(3):1-95.
4. Australia and New Zealand College of Anaesthesia. 2022. PS41 (G) Position statement on acute pain management. Available from <https://www.anzca.edu.au/getattachment/558316c5-ea93-457c-b51f-d57556b0ffa7/PS41-Guideline-on-acute-pain-management>