

Virtual Suboxone induction during the COVID-19 pandemic and eventual transition to Sublocade post liver transplant in a patient with chronic post-surgical pain and opioid use disorder

Category: Poster Presentation (In-Person)

Abstract Body

Chronic post-surgical pain (CPSP) develops in 1 in 5 patients. The Transitional Pain Service (TPS) at the Toronto General Hospital (TGH) was established in 2014 to support patients following surgery for optimal postsurgical pain management and to reduce the risk of patients persisting on opioid medications and then developing an opioid use disorder (OUD). Despite the support from TPS, some patients will need an opioid at times to manage their CPSP. A small percentage of them will experience negative outcomes due to OUD. Our team has become adept with supporting their pain management and OUD. Buprenorphine-naloxone (Suboxone) is the most common opioid agonist treatment (OAT) used in the TPS. Given the COVID-19 pandemic reduced the ability to see patients in-person, we created a virtual Suboxone induction protocol. We also transitioned some of our patients to injectable Sublocade.

This is the case of a 28 year old woman with hepatocellular cancer secondary to prolonged autoimmune hepatitis that received a liver transplant in June 2020. She had a complicated course following her liver transplant with refractory ascites associated with significant pain and nausea. To manage her post-surgical pain, she required a large amount of hydromorphone. Her daily opioid was 380 morphine equivalents (MEQ) upon her initial referral to TPS. Given her complications, she was in and out of the hospital for investigations and treatments; and her opioid doses escalated to 480 MEQ. Beyond her struggles to manage her CPSP, her opioids; and her intermittent withdrawal symptoms was clear that she met the criteria for an OUD. With ongoing assessment and education, she finally acknowledged that she had an OUD problem and decided to work with our team to receive the treatment for OUD.

Given the institutional restrictions during the pandemic, we utilized telemedicine encounters for patient care; and modified our outpatient Suboxone induction protocol. We worked with her for a successful virtual Suboxone induction. By day 3, she was stable with 24mg suboxone daily. She had one relapse around 4 months' time; but stabilized again. In late 2021, she was able to come into the clinic for in-person assessment. With the challenges she encountered taking Suboxone, as well as her desire to become pregnant and stop OAT treatment, we

transitioned her to Sublocade. She did well and after being on the maintenance dose for 8 months, she was able to wean it off completely. She is now 1 year post.

Key Words (Max 5)

- Medical Co-Morbidities
- Opiate Agonist Therapy
- Pain
- Treatment models/programs
- Virtual Care

Learning Objective #1

A virtual suboxone induction was useful during the COVID-19 pandemic once the dual diagnosis of chronic post-surgical pain (CPSP) and opioid use disorder (OUD) was made.

Learning Objective #2

The transition from Suboxone to injectable Sublocade was implemented given the managing patients with chronic post-surgical pain (CPSP) and opioid use disorder (OUD).

Reference #1

Clarke H, Weinrib A, Kotteeswaran Y, Katz J, Yu A, & Tanguay R. Remote Buprenorphone-Naloxone initiation as an essential service for people with chronic pain and opioid dependence during the COVID-19 pandemic: Case reports, clinical pathways, and implications for the future. *Canadian Journal of Pain*. 2020; 4 (1) 224-235

Reference #2

Huang A, Azam A, Segal S, Pivovarov I K, Katznelson G, Ladak s, Mu aA, Weinrib A, Katz J, & Clarke H. Chronic postsurgical pain and persistent opioid use following surgery: the need for a transitional pain service. *Pain management*. 2016; 6(5), 435-443

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