Orthopedics This Week

LARGE JOINTS AND EXTREMITIES

New Study Flips the Script on Opioid Advice

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Oxycodone pill / Source: Wikimedia Commons and The Drug Users Bible

Overview:

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Turns out, staying "ahead of the pain" may not be the best advice. Recommending opioids ONLY as a last resort might just be a ticket to staying ahead of an opioid refill, a few nasty side effects, and unnecessary narcotics use.

In a refreshingly straightforward randomized controlled trial out of the University of Maryland School of Medicine, researchers tested a question that's been buzzing in the OR lounge and postop rounds for years: *What happens if we stop telling ACL patients to take opioids preemptively?*

Published May 29, 2025, in the *Journal of Bone and Joint Surgery*, the study—"**Perioperative Opioid Counseling for Patients Undergoing Anterior Cruciate Ligament Reconstruction**"—offers a bold but surprisingly obvious answer: if you tell patients to only take opioids as a last resort, they will…take fewer opioids. And better yet? Their pain scores won't budge.

"Last Resort" vs. "Stay Ahead": The Showdown

Dr. R. Frank Henn III, James L. Kernan Professor and Chair of Orthopaedics at Maryland, helped lead the trial. "The substantial decrease in opioid prescribing after surgery has been a major evolution in our field and has led us to critically question the role of opioids in managing postoperative pain," Henn told *OTW*. "This study was designed to directly compare the 'stay ahead of the pain' counseling strategy to a 'last resort' counseling strategy which instructs patients to only take opioid medication if the pain becomes unbearable."

The design was simple, and the message was clear. 121 patients were randomized into two groups:

- Control group: told to take opioids to "stay ahead of the pain."
- Intervention group: told to use opioids *only* if pain became *unbearable.*

Both groups received standard multimodal pain control protocols—think nerve blocks, ice, elevation, bracing, acetaminophen, ibuprofen, and aspirin. Everyone got counseling, a written handout, and a chat with their surgeon in the preop holding area.

The Results: Less Is More

And here's where things got interesting:

- The "last resort" group took significantly fewer opioids.
- One-third of them didn't take *any* opioids after surgery.
- That's compared to fewer than 10% in the "stay ahead" group.
- Pain scores? Identical.
- Satisfaction? The same.
- Sleep? No difference.
- Side effects? *Higher* in the control group.

In other words, when you trust patients to wait—and give them tools to manage discomfort—they respond with fewer pills, fewer problems, and the same clinical outcomes.

What This Means for Your Practice

We've all said it: "Stay ahead of the pain." It feels responsible. Reassuring. Predictable. But this study makes a strong case that it's also outdated.

"This study provides convincing evidence that counseling patients to take opioids to 'stay ahead of the pain' should be abandoned, and that patients should be counseled to only use opioids as a "last resort" to manage pain," said Dr. Henn.

And here's the best part: you don't need a new protocol, new software, or new drug. Just change the way you talk to your patients. A two-minute conversation about when to take opioids could slash usage—and risk—without touching your outcomes.

Bottom Line

We don't need to eliminate opioids. We need to reposition them—not as the default, but the backup plan. With ACL reconstructions as the proving ground, this trial gives us real-world data and a roadmap for smarter prescribing.

So next time you're giving preop instructions, skip the "stay ahead" spiel. Instead, say: *"Take it if you need it. But try everything else first."* Your patients—and their future selves—will thank you.
