



**\*Guidelines are for patients on maintenance Bup, however if patient is on maintenance Methadone or Naltrexone:**

- **Methadone:** Confirm maintenance dose. Continue full dose, can split dosing to aid pain control. Use multimodal analgesia. *Do NOT use Bup.*
- **Naltrexone:** If injectable, stop 1 mo prior to elective surgery and switch to PO. Stop PO 72 hours prior to elective surgery for full opioid agonists to be effective.

**Gabapentinoids**

Calcium channel inhibitors, gabapentin and pregabalin reduce postoperative pain and opioid consumption.

**SNRI/TCA**

Can help with neuropathic pain as well as anxiety/depression.

**Regional Anesthesia**

- Peripheral nerve blocks
- Spinal or Epidural anesthesia

**Alpha-2 agonists**

Clonidine and Dexmedetomidine are anxiolytic and analgesic with significant opioid sparing effects.

**IV Lidocaine (Na channel antagonist)**

Opioid sparing analgesic.

**Ketamine & Magnesium (NMDA antagonists)**

**Ketamine** is a potent non-opioid analgesic for opioid tolerant patients.

**Magnesium** also has analgesic and opioid sparing effects.

Guidelines are options for multimodal analgesic therapy. Use clinical judgement and avoid use if contraindicated.

The CA Bridge Program disseminates resources developed by an interdisciplinary team based on published evidence and medical expertise. These resources are not a substitute for clinical judgment or medical advice. Adherence to the guidance in these resources will not ensure successful patient treatments. Current best practices may change. Providers are responsible for assessing the care and needs of individual patients.

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## REFERENCES

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