UCSF Perioperative Buprenorphine Guideline

for patients using Butrans™, Suboxone™, Subutex™, Zubsolv™, Bunavail™, Belbuca™, Temgesic™, Probuphine™, Buprenex™, Sublocade™

Preoperative/ Preadmission Management

Continue Buprenorphine without dose reduction independent of dose until admission/ day of surgery

Pain Management During Admission

Plan to continue Buprenorphine without dose reduction

- Maximize multimodal analgesia use
- Use opioids with high binding affinity (e.g. hydromorphone, fentanyl, or sufentanil) when additional opioids are needed for pain management
- Consultation of a pain service or expert provider is recommended

Discharge Management

The goal is to discharge the patient on the pre-admission Buprenorphine dose

This guideline encourages that patients on chronic buprenorphine be maintained on their established daily buprenorphine dose to:

(1) Prevent destabilization of patients on medication for opioid use disorder (MOUD)

(2) Avoid worsening pain in patients with chronic pain syndromes using buprenorphine for pain management.

If a patient and their pain management provider/ buprenorphine prescriber decide to reduce the dose or completely taper off the buprenorphine, UCSF providers will follow the initiated buprenorphine management plan.

In patients presenting for surgery known to cause significant pain, in patients on higher preoperative buprenorphine doses and any patient with poorly controlled pain, the consultation of a UCSF Pain Service or other expert provider is recommended. This allows for:

- Use and management of continuous regional anesthesia techniques when applicable
- Use of adjuncts such as intravenous ketamine and lidocaine infusions
- Adjustments of the buprenorphine dose

Consider a planned ICU admission after surgery when very challenging pain control is anticipated

Dose adjustments of buprenorphine during admission should be communicated to the outside prescriber at the time of discharge. Additional non opioid analgesics as well as opioids will routinely be necessary at the time of discharge and will subsequently need to be tapered by the patient with the help of the outside buprenorphine prescriber.

This guideline is owned by the current Chair of the Pain Committee.
The guideline was approved by the UCSF Health Pain Committee on 1/20/2021 and by the UCSF and Mount Zion Medical Center P&T Committee on 4/14/2021