

# Complications, costs up with cardiac Sx in opioid use disorder

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"In urgent situations, [patients](#) need not be denied [cardiac surgery](#) because of their OUD status, although close postoperative monitoring is suggested," the authors write.

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(HealthDay)—Patients with opioid use disorder (OUD) undergoing cardiac surgery have increased complications and costs, according to a study published online Dec. 5 in *JAMA Surgery*.

Krish C. Dewan, from the Cleveland Clinic Foundation, and colleagues compared outcomes between [cardiac surgery patients](#) with OUD (11,359 patients) and without OUD (5,707,193 patients) from 1998 to 2013.

The researchers found that over 15 years there was an eightfold increase in the prevalence of OUD, from 0.06 percent in 1998 to 0.54 percent in 2013. Patients with OUD more often had valve and aortic operations (49.8 versus 16.4 percent;  $P$  pulmonary embolism (7.3 versus 3.8 percent;  $P$  mechanical ventilation (18.4 versus 15.7 percent;  $P = 0.02$ ), and prolonged postoperative pain (2.0 versus 1.2 percent;  $P = 0.048$ ) were seen for patients with OUD. They also had a significantly longer length of stay (median, 11 versus 10 days;  $P$

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