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NEW YORK ACADEMY OF MEDICINE

ABSTRACT SUBMISSION TITLE: *C1 - Eliminating Routine Opioid Prescriptions is Not Associated with a Difference in Pain Control after Elective Breast Surgery: A Single Center Prospective Cohort Study*

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Abstract Text:

PURPOSE:

Reducing unnecessary opioid prescriptions is an important step in combating the opioid epidemic. Excessive opioid prescriptions threaten the safety of our patients, families and communities. This study investigates the need for opioids after elective breast surgery.

METHODS:

This is an ongoing prospective cohort study examining the efficacy of an opioid-free post-operative pain protocol for elective non-oncologic breast surgery at a single institution. Standardized instructions for using acetaminophen and ibuprofen were provided (Image 1.). We compared opioid prescriptions in terms of morphine milligram equivalents (MME) in these patients at the time of discharge and post-discharge from June through September 2025 after implementation of this quality improvement project to the same period in 2024.

RESULTS:

Non-oncologic breast procedure type between the two groups did not differ (Table 1). While the post-implementation group received virtually no opioids at discharge (5.3 versus 103.3 MME, p-value <0.001), there was no statistically significant difference between post-discharge opioid prescriptions in these groups (5.0 versus 7.1 MME, p-value 0.64) (Table 2).

CONCLUSIONS:

Despite eliminating routine opioid prescriptions on discharge for elective breast surgery, there was not an increase in post-discharge opioid prescriptions indicating adequate post-operative pain control. Opioid-free post-operative pain management is feasible and effective.

Table 1. Distribution of Non-Oncologic Breast Case Type Before and After Implementation of Opioid-Free Protocol

Case Type	Pre-Implementation	Post-Implementation	p-value (Chi-Square test)
Bilateral breast reduction	19	24	0.49
Mastopexy	1	0	
Gender-affirming mastectomy	29	20	
Gender-affirming augmentation	4	4	
Gynecomastia excision	1	2	
Total breast cases	54	50	

Table 2. Morphine Milligram Equivalents (MME) Prescribed Before and After Implementation of Opioid-Free Protocol

Outcome	Pre-Implementation	Post-Implementation	p-value**
MME at discharge*	103.3 (38.5)	5.3 (22.3)	<0.001
MME post-discharge*	7.1 (26.5)	5.0 (18.9)	0.64

*Reported as mean (standard deviation)

**Two tailed t-test with unequal variance