

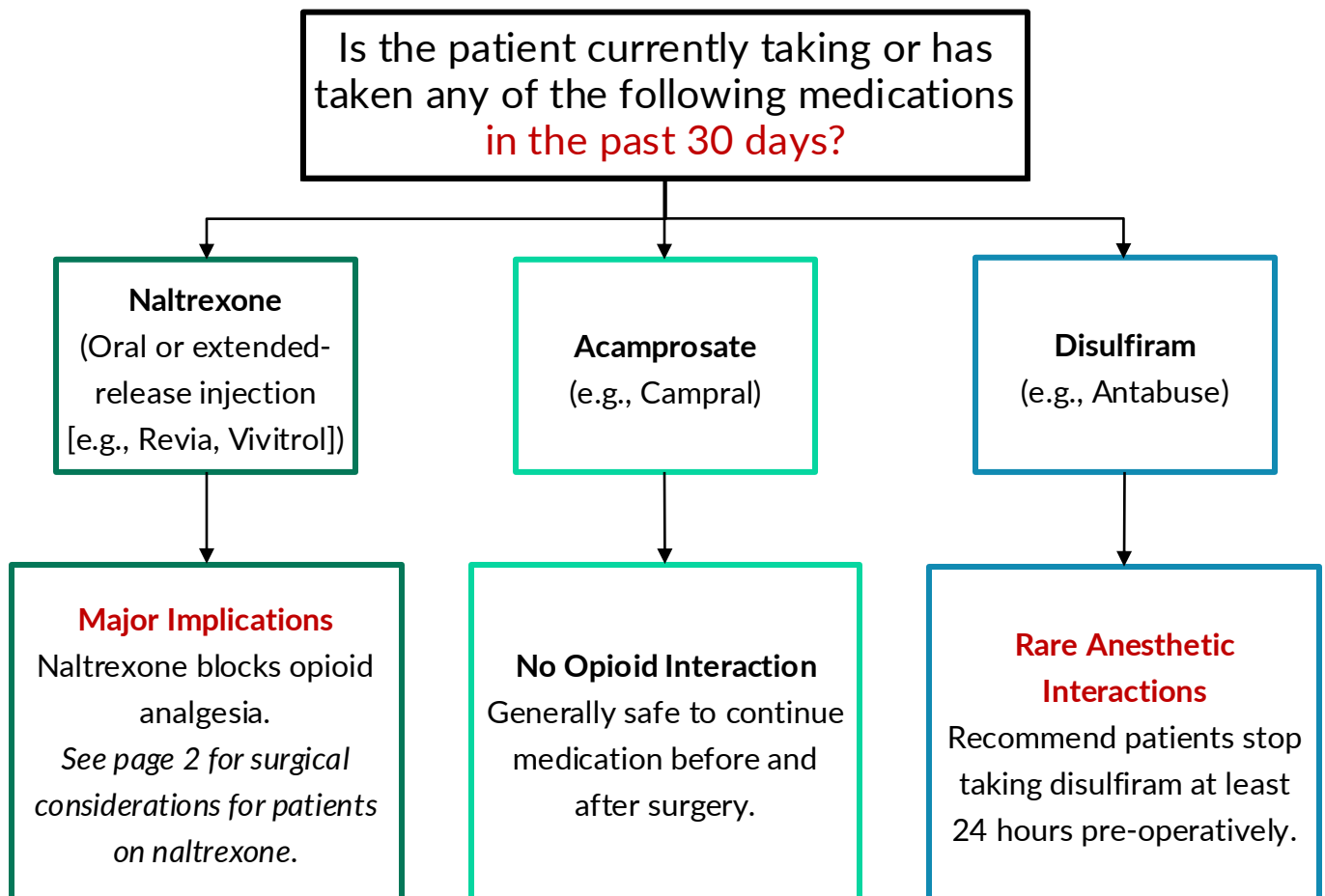
# Managing Medications for Alcohol Use Disorder During Surgery

Treating patients on medications for alcohol use disorder (MAUD) who are undergoing surgery often presents unique challenges, especially when balancing effective pain management with safe continuation or adjustment of MAUD regimens.

This decision tree offers a practical guide to support clinicians in navigating perioperative care for patients on MAUD who are undergoing surgery.

## Pre-operative Management

### Pre-surgical Decision Pathway



## Considerations for Collecting Medication History

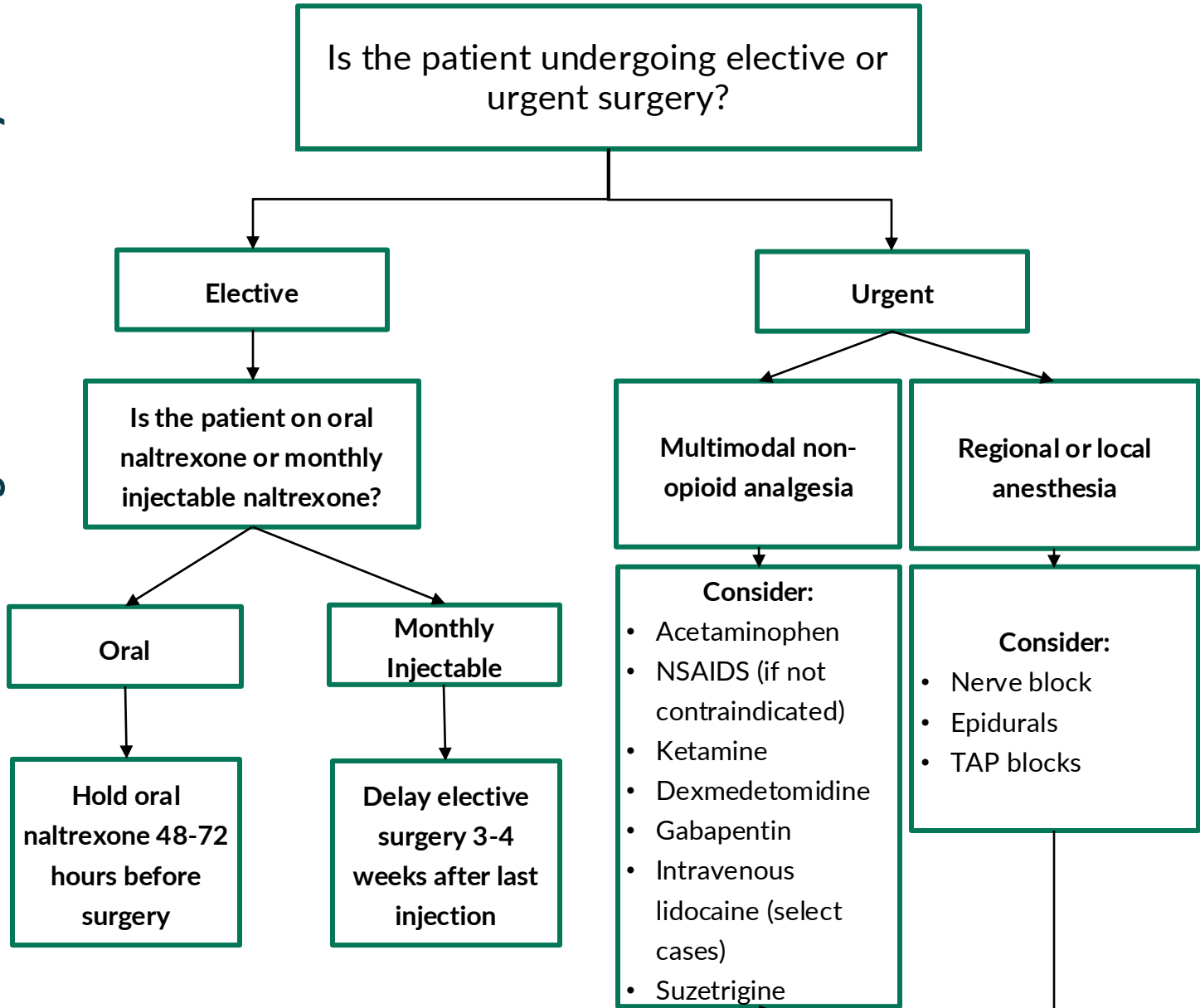


- Some patients may not voluntarily report receiving naltrexone or other forms of MAUD, particularly when receiving monthly injections.
- If monthly naltrexone injection was administered, determine the time since the last dose.

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## Naltrexone

Surgical Decision Pathway



### Considerations for Naltrexone

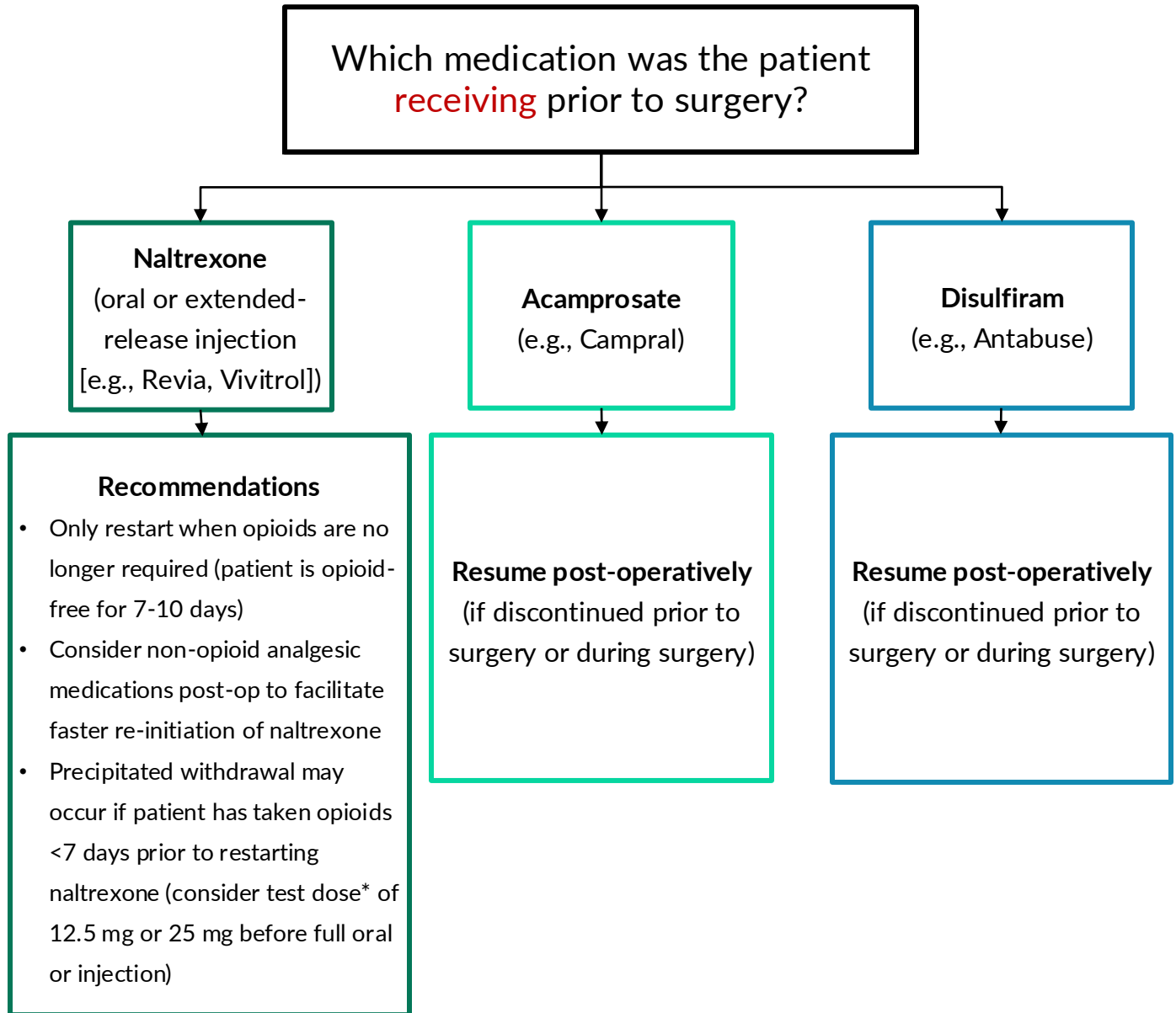


- Important to establish the exact date/time of the patient's last dose of naltrexone.
- For those still drinking, promote alcohol cessation 48-72 hours prior to surgery and consider the possibility of alcohol withdrawal syndrome based on the best understanding of use history.
- Following the surgical procedure, review reduced consumption goals.

- If opioids are required while naltrexone is active:**
- Higher doses may be needed
  - Risk of delayed respiratory depression as naltrexone wears off
  - ICU-level monitoring is often recommended

## Post-operative Management

Post-surgical Decision Pathway



## Considerations for Post-surgery



- Balance risk of return to alcohol use with inadequate pain control post-operatively vs. full opioid agonists for pain
- Warm hand-offs to clinicians managing patients with AUD may be warranted, particularly for patients newly diagnosed with AUD

*\*Note: Test dose of naltrexone is only needed if the patient is on a moderate to high dose of opioids around the time of the surgery. There is no reason to do a test dose of naltrexone after surgery if the patient did not have trouble with naltrexone before surgery.*

## LEARN MORE



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[Online Module: Pharmacotherapy for Alcohol Use Disorder: Best Practices and Clinical Strategies](#)



[Chronic Pain and Alcohol Use Disorder Mini Video](#)



[Medications for Alcohol Use Disorder: Considerations for Patients with Comorbid Conditions](#)

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## References



1. Goel A, Kapoor B, Wu M, et al. Perioperative Naltrexone Management: A Scoping Review by the Perioperative Pain and Addiction Interdisciplinary Network. *Anesthesiology*. 2024;141(2):388-399. doi:10.1097/ALN.0000000000005040
2. Curatolo C, Trinh M. Challenges in the perioperative management of the patient receiving extended-release naltrexone. *Case Rep*. 2014;3(11):142-144. doi:10.1213/XAA.0000000000000069