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What's New in the Patient Safety World

February 2023

Cannabis and Surgery

Newly released guidelines suggest screening all patients for cannabis use prior to surgery or general anesthesia (Shah 2023). Why? Patients who regularly use cannabis may experience worse pain and nausea after surgery and may require more opioid analgesia.

More and more patients are using medical marijuana and recreational use of marijuana is now legal in many states. The potential complications of cannabis use during and after surgery apply whether the cannabis is smoked, vaped, or ingested.

The guidelines were consensus guidelines, arrived at by a panel of experts that included anesthesiologists, pain physicians, and a patient advocate, rather than being classic evidence-based guidelines. The panel was charged with drafting responses to key questions using a modified Delphi method with the overall goal of producing a document focused on the safe management of surgical patients using cannabinoids. A consensus recommendation required ≥75% agreement.

The new guidelines, of course, go beyond just screening patients for cannabis use prior to surgery. They also include important recommendations regarding management of patients who have been using cannabis or cannabinoids.

The guideline has a table classifying the various forms of cannabis and cannabinoids, and has good discussion on the pharmacodynamics, mechanisms of action, and pharmacokinetics of the various forms. It also has a good section on the interactions between cannabinoids and various drugs.

The recommendations are made along with grades of evidence and a rating of "degree of certainty". Grade A means there is high certainty that the net benefit is substantial, and this service should be offered or provided.

Four recommendations received the grade A classification:

- screen all patients before surgery
- postpone elective surgery for patients who have altered mental status or impaired decision-making capacity at the time of surgery

- counsel frequent, heavy users about the potential for cannabis use to impair postoperative pain control
- counsel pregnant patients about the risks of cannabis use to unborn children

One recommendation, given a Grade C evidence level but having considerable practical implications, is to delay elective surgery for a minimum of 2 hours after cannabis smoking. That is because smoking cannabis can cause increases in heart rate and blood pressure that is prominent within the first 1–2 hours of usage, and smoking cannabis may lead to a higher risk of perioperative acute MI within the first 1–2 hours. Smoking cannabis may have deleterious effects on airway resistance and respiratory adverse events.

See the full guideline (Shah 2023) for all their other recommendations. It's a start but it is a recognition that use of cannabis and cannabinoids may pose a risk to patients about to undergo surgery.

References:

Shah S, Schwenk ES, Sondekoppam RV, et al. ASRA Pain Medicine consensus guidelines on the management of the perioperative patient on cannabis and cannabinoids. Regional Anesthesia & Pain Medicine 2023; Published Online First: 03 January 2023 https://rapm.bmj.com/content/early/2023/01/05/rapm-2022-104013