Incomplete post surgeries completed within the last six months, patients undergoing staged procedures, older, smokers and non-collectors: age, date of surgery, type of surgery, type of narcotic prescribed, and the amount of narcotics prescribed among all surgeries for each week. This was determined using a one sample t confidence interval for the mean operative follow ups, and patients younger than 18.

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Excessive opioid prescription is a growing concern and has been proven to lead to addiction and abuse. According to the CDC, there were 42,249 deaths due to opioid overdose which was 66.4% of all overdose deaths in 2016, there were 42,249 deaths due to opioid overdose which was 66.4% of all overdose deaths in 2016, there were 42,249 deaths due to opioid overdose which was 66.4% of all overdose deaths in 2016, there were 42,249 deaths due to opioid overdose which was 66.4% of all overdose deaths in 2016, there were 42,249 deaths due to opioid overdose which was 66.4% of all overdose deaths in 2016. According to the CDC, there were 42,249 deaths due to opioid overdose which was 66.4% of all overdose deaths in 2016.

There is also evidence of a difference in average narcotics usage among the types of surgeries within the first week postoperatively. This suggests that the state regulations have a variable impact on the number of opioids prescribed. We found that the average amount of narcotics for soft tissue surgeries within the first week was significantly less than both hindfoot/spinal surgeries and amputations (2.68 ± 2.14 mg for soft tissue versus 5.73 ± 2.05 mg for hindfoot/spinal and 7.29 ± 4.64 mg for amputation). Additionally, there was significantly less narcotics prescribed for hindfoot surgeries compared to amputations (2.68 vs 5.73 mg; p value = 0.001). In week two and beyond, there is no significant difference in average amount of narcotics prescribed to soft tissue surgeries, hindfoot/spinal surgeries, and amputations (2.68 vs 5.73 vs 7.29 mg; p value = 0.001).

Despite finding significant differences in mean narcotic prescription across surgery type, Figure 4 illustrates there is a wide range of narcotic prescribed overall regardless of procedure type. One patient prescriber for Amputations prescribed 92 tablets to another patient who was prescribed only 8 tablets for the same surgery. These findings are consistent with previous studies suggesting that there is no consistent trend among patients undergoing soft tissue, hindfoot and ankle procedures.

Figure 4 illustrates there is a wide range of narcotic prescribed overall regardless of procedure type. One patient prescriber for amputations prescribed 92 tablets to another patient who was prescribed only 8 tablets for the same surgery. These findings are consistent with previous studies suggesting that there is no consistent trend among patients undergoing soft tissue, hindfoot, and ankle procedures. Gupta et al at present prospective study measured the amount of pills actually consumed with regards to different foot and ankle surgeries. They concluded patients were overprescribed nearly double the amount that was actually consumed. Gupta et al published a systematic review of six different studies measuring the amount of unused medication which increased unutilized prescription or unused tablets. The meta-analysis observed 67% to 92% of patients reported unused opioids with 47% to 71% of the total pills dispensed going unused. The majority of these patients reported that they do not take the pills because of adequate pain control.

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