POST-OPERATIVE MEDICATION PROTOCOL

IMPORTANT- This sample pain management protocol is for illustrative purposes only and should not be used without checking with your doctor. Underlying medical conditions, such as Coronary Artery Disease (Heart Attack or Angina), Cerebrovascular Disease (stroke or TIA,"ministroke"), Peptic Ulcer Disease or similar conditions, Renal Failure (kidney problems), use of anticoagulants ("blood thinner medications" including Warfarin, Xarelto, Plavix, Eliquis and others) are some of the common contraindications to NSAIDS (anti-inflammatory medicine). Liver failure, Hepatitis, and other conditions are contraindications to Acetaminophen (Tylenol) use. Narcotic/ pain medications can be lethal if combined with alcohol or sedative use and should be used initially on an as needed basis with a goal to weaning from them within 2 weeks of surgery. In addition, beware that narcotic medications may cause urinary retention or constipation. Stool softener mediation, such as Colace or others, should be taken along with narcotic medications. Please contact our office at (904) 634-0640 if you have any questions about medications prescribed.

CONCEPT OF MULTIMODAL PAIN MANAGEMENT

By combining many different classes of medications to treat pain in different ways, the overall use of narcotic medications can be decreased and the overall pain relief can be improved. In addition, the timing of administration of these medications can be carefully planned to maintain more consistent pain relief. Over time, all of the medications should be weaned, however narcotic use should be stopped as soon as symptoms are manageable without them to avoid addiction and adverse side effects.

MEDICATIONS

NSAIDS ("anti-inflammatory" medications) work to decrease swelling and pain. These may include over the counter medications such as Alleve or Advil, or prescribed medications such as Meloxicam (Mobic), Celecoxib (Celebrex) or similar medicines. It is advisable to take this medications with food and to maintain excellent hydration to minimize side effects or toxicities. Read the label and know the maximum dosage per day of these medications.

Acetaminophen (Tylenol) functions as a pain relieving medication, and also decreases fever. Note that if high fever >101.5 F or 38.5 C is present which does not decrease after taking this medication, patients are advised to seek medical assistance. Do not exceed 3000 mg/ day (Typically 9 of the 325 mg tablets or 6 of the 500 mg "Extra-Strength" tablets). Be aware that narcotic medications commonly contain Tylenol and this needs to be factored in to the maximums.

Narcotic Medication can include either short-acting medications or long- acting versions (have the "contin" name in the prescription). Do not confuse these types of narcotic medications as the dosing interval is very different. Typically only short acting narcotic medications are prescribed after surgery however, individual cases may vary. Typically Norco (Lortab, Vicodin) which is Hydrocodone combined with acetaminophen is prescribed. Occasionally Percocet (oxycodone combined with acetaminophen) may also be prescribed. Check with your discharge nurse as to which exact medication will be given. Note that under Florida law, only a 3-day supply is typically prescribed by non-pain management physicians.

Nerve Pain Medications (GABA inhibitors, such as Pregabalin (Lyrica) or Gabapentin (Neurontin) may be used in combination with the above. These should not be used with caution if renal (kidney) failure is present and in the elderly. The medications may cause drowsiness initially.

SAMPLE POST-OPERATIVE MEDICATION SCHEDULE

8 AM- Tylenol 325 mg

Lyrica (if prescribed three times daily or twice daily)

Colace (if taking narcotic medicine)

10 AM- NSAID (eg. Mobic)

Short acting Narcotic (first week 1 hour before physical therapy session as

needed, eg. Norco)

12PM- Tylenol 325 mg (if narcotic containing acetaminophen not taken)

2PM- Lyrica (if 3x daily dose)

Short acting narcotic (if severe pain only)

4PM- Tylenol 325 mg

Colace (if taking narcotic medicine)

6PM- NSAID (eg. Mobic)

Short acting narcotic (If severe pain only)

8PM- Tylenol 325 mg

Lyrica (if prescribed)

10 PM- Short acting narcotic (first two weeks only, as needed)

NOTE- The above schedule is for illustrative purposes only, and individual prescriptions may vary. For further information contact your doctor.