PAIN

Pain management is critical after surgery to achieve good results. However, it is important for you to realize that there has been much research done on the use and abuse of opioid medications and the role they play in your recovery. Our goal is for you to have pain on a scale of 1-10, at a 5 or lower when you are at rest. Your pain will certainly increase when active or at physical therapy, but the average should be at a 5 or less. Our protocol to help maximize your pain management and minimize the negative side effects of opioids are as follows:

# Tylenol:

we ask you to maximize your Tylenol usage for 2-4 weeks. Recommended dosage would be 1000mg (two extra strength tablets) three times a day for a total of 3000mg a day. Please remember if other medications have Tylenol (acetaminophen) included, you will have to figure this into the equation so as not to go over the 3000mg a day limit.

# NSAID: Non-steroidal anti inflammatory

This may be Diclofenac or Meloxicam and should be taken as directed for 4-6 weeks

# Nerve agents:

Gabapentin (Neurontin) is a good non-opioid medication that can potentially cause dizziness or drowsiness. It works well at night to help you sleep. The morning dose can be skipped if you experience any side effects­ mentioned.

# Opioids:

An opioid medication will be sent home with you. ONLY take if needed to achieve our pain goals. This is typically Tramadol.

**DO NOT TAKE OPJOIDS AND GABAPENTIN TOGETHER. GABAPENTIN WORKS BETTER AS A NIGHT TIME DOSE** ..

**SINCE IT HAS A SIDE EFFECT OF DROWSINESS.**

These medications are for comfort. The only medication that is mandatory is the blood thinner (aspirin or Eliquis) and Antibiotic (antibiotics are not always prescribed - typically Duricef/Cefdroxil). You may discontinue the above medications as needed as your pain decreases or if you are experience side effects. The quicker you are off all your medications, the quicker your body will return to normal. You need to weigh the benefits of pain medicine (i.e. physical therapy goals) and the negative side effects they can bring by prolonged usage. The average patient is typically not taking or taking minimal opioids at the two-week post op *visit.*

**NOT ALL PATIENTS RECIEVE ALL MEDICATIONS LISTED ABOVE AS PRE-EXISTING MEDICAL CONDITIONS MAY LIMIT PRESCRIPTION OF CERTAIN ONES.**