

Pacific Sports Medicine Post-operative Pain management Recommendations

Although we will make every effort to make you comfortable after surgery, you will still experience some pain. The presence of pain does not indicate that there is a problem. If you follow the directions below you will have a better chance of avoiding **severe** pain.

Begin taking your medication as soon as you arrive home from the hospital. Typically your medication will take 30-45 minutes to begin to take effect.

Relax, in a quiet darkened room if possible, and elevate the area that was operated on. Listen to soft, relaxing music if available. Apply an ice pack or commercially made gel cooling pad to the area. Use this as often as needed, but be sure not to freeze your skin and get “frostbite”. If you have a sling or brace, adjust it as needed for comfort. If your dressings are too tight, you may loosen them a little. Do not take the dressing down to the incision, which must stay sterile.

You typically will be prescribed several of the following medications to be used during your recovery. Please read the instructions that are provided regarding your particular medication. All of the class of medicines called narcotic analgesic pain relievers will cause drowsiness, can cause constipation, may cause nausea, and if taken long enough will cause dependency. Begin with the Oxycodone (Percocet). Supplement it with Hydroxyzine (Vistaril) or Promethazine (Phenergan) as needed. If you become nauseated, disoriented, or too sedated, you might switch to the Hydrocodone (Vicodin). Try to decrease your use of your pain medication as you begin to feel better, and try to switch to plain Tylenol or non-steroidal pain relievers (Advil or Aleve) as soon as your pain allows. Even for large, complex operations narcotic pain medication will not be needed for longer than a few weeks.

If you need a refill, have your pharmacy call our office and we will refill your medication within 24 hours. Note that Oxycodone (Percocet) must be refilled with a written prescription. No pain medications will be refilled after hours or on weekends, as the on-call physician will not have access to your medical record.

Oxycodone (Percocet)

Not indicated: if sensitive or allergic to oxycodone or Tylenol.

Caution with: liver disease or kidney disease.

Interacts with: tranquilizers, sleeping pills, alcohol, or other pain relievers.

Possible side effects: light-headedness, dizziness, drowsiness, nausea and vomiting, constipation, urinary retention, and rash.

Dosage: The usual dose is 1-2 tablets every 6 hours for adults. *The maximal daily dose is 12 tablets.* Each tablet contains 325 mg. of Tylenol and the maximal daily dose of Tylenol is 4 grams (4000 mg.). Liver toxicity has been reported in doses as low as 10 grams of Tylenol and death in less than 15 grams of Tylenol.

2. Hydrocodone (Vicodin)

Not indicated: if sensitive or allergic to hydrocodone or Tylenol.

Caution with: liver disease, kidney disease, pulmonary disease with depressed cough reflex.

Interacts with: tranquilizers, sleeping pills, alcohol, or other pain relievers.

Possible side effects: light-headedness, dizziness, drowsiness, nausea and vomiting, constipation, urinary retention, and rash.

Dosage: The usual adult dosage is 1-2 tablets every 4-6 hours as needed. *The total daily dosage should not exceed 8 tablets.* Each tablet contains 500 mg. of Tylenol and the maximum daily dose of Tylenol is 4 grams (4000 mg). Liver toxicity has been reported in doses as low as 10 grams of Tylenol and death in less than 15 grams of Tylenol.

3. Tylenol with Codeine (Tylenol #3)

Not indicated: if sensitive or allergic to codeine or Tylenol.

Caution with: liver disease, kidney disease, pulmonary disease with depressed cough reflex.

Interacts with: tranquilizers, sleeping pills, alcohol, or other pain relievers.

Possible side effects: light-headedness, dizziness, drowsiness, nausea and vomiting, constipation, urinary retention, and rash.

Dosage: The usual adult dose is 1-2 tablets every 4-6 hours as needed. Each tablet contains 30 mg of Codeine and 300 mg of Tylenol. Doses above 60 mg. do not appreciably increase the pain relief and do increase the likelihood of side effects. The maximum daily dose of Codeine is 360 mg. (12 tablets) and the maximum daily dose of Tylenol is 4 grams (4000mg. or 12-13 tablets). *The total daily dose of Tylenol #3 should not exceed 12 tablets.* Liver toxicity has been reported in doses as low as 10 grams of Tylenol and death in less than 15 grams of Tylenol.

4. Propoxyphene (Darvocet N-100)

Not indicated: if sensitive or allergic to propoxyphene or Tylenol.

Caution with: liver or kidney impairment.

Interacts with: tranquilizers, anti-depressants, alcohol, or other narcotic pain medications. Severe neurologic symptoms have occurred when taken simultaneously with carbamazepine (Tegretol)

Possible side effects: light-headedness, dizziness, drowsiness, nausea and vomiting, constipation, rash, elevated liver tests or jaundice.

Dosage: The usual dosage is 1 tablet every 4 hours as needed for pain relief. Each tablet contains 100 mg. of propoxyphene and 650 mg. of Tylenol. The maximum daily dose of propoxyphene is 600 mg. (6 tablets) and the maximum daily dose of Tylenol is 4 grams (4000 mg. or 6 tablets). *The total daily dose of Darvocet N-100 should not exceed 6 tablets.* Liver toxicity has been reported in doses as low as 10 grams of Tylenol and death in less than 15 grams of Tylenol.

Additional measures that may be helpful to decrease your pain can include use of over the counter non-steroidal anti-inflammatory medications such as **Advil or Aleve**. Do not exceed the recommended dosage recommendations of each over the counter medication.

In addition, the use of the following medications may be useful.

1. Hydroxyzine (Vistaril, Atarax)

Not indicated: If allergic to hydroxyzine

Indications: To help relieve the anxiety and tension associated with post-operative pain and make the use of narcotic pain medications more effective at reduced doses. Also to help with spasm and muscle tension in the post-operative period. Hydroxyzine is helpful in reducing or controlling nausea and vomiting in the post-operative period.

Action: Hydroxyzine is a drug which has a calming effect in tense and anxious patients possibly by suppressing certain areas in the subcortical area.

Interactions: It's use with narcotics, sedatives, sleeping pills, and alcohol or barbiturates increases their effect.

Side effects: Occasional dry mouth, drowsiness, rarely slight tremor.

Dosage: The usual adult dosage is 25-50 mg. (1-2 tablets) every 4-6 hours as needed for assistance improving the effectiveness of the prescribed narcotic pain medication, or for controlling nausea or vomiting.

2. Promethazine (Phenergan)

Not indicated: If allergic or sensitive to promethazine

Indications: To increase the effectiveness and action of narcotic pain medications used post-operatively and to reduce or control the nausea and vomiting in the post-operative period.

Action: An anti-histamine like medication with the additional benefits of sedating and anti-nausea actions

Caution: In the presence of heart disease or liver impairment. Promethazine may increase the possibility of seizures in patients with epilepsy.

Interactions: It's use with narcotics, sedatives, sleeping pills, alcohol, or barbiturates increases their effect.

Side effects: drowsiness, dry mouth, rare tremors or abnormal movements, rare lowering of blood count.

Dosage: The usual adult dose is 25-50 mg. (1-2 tablets) every 4-6 hours as needed to increase the effectiveness and action of narcotic pain medications used post-operatively and to reduce or control the nausea and vomiting in the post-operative period.

Stool softeners (Colace, Senekot) and **fiber additives** (Metamucil, Fibercon)

Indications: These medications may be helpful in decreasing the constipation associated with the use of narcotic pain medications.

If you have any of the following, please contact our office for additional advice and assistance.

- 1. Worsening pain, unrelieved by elevation, icing, loosening the dressings**
- 2. Active bleeding or drainage from your dressings uncontrolled by light pressure and elevation**
- 3. Loss of feeling or movement in your surgical extremity**
- 4. Persistent nausea or vomiting**
- 5. Shortness of breath, chest pain, or dizziness**
- 6. Extreme paleness or coolness of your surgical extremity**
- 7. Excessive discoloration, other than slight bruising, of your surgical extremity.**
- 8. Fever over 101.5 degrees not decreased by use of Tylenol or Aspirin**
- 9. ANYTHING ELSE OF CONCERN**