

---

## Pain Management

### Goals / Expectations

- Surgery is painful. No matter what the procedure is, you will have pain. The goal is to keep the pain at a level that is manageable. The goal and expectation should not be that you will be pain free. This will likely take months to achieve.
- Pain is typically the worst for the first 3-5 days post-operatively. It is OK to use pain medications during this period. After 5 days, the pain is typically more manageable, and most people can discontinue narcotic pain medication usage.
- Pain is commonly the worst at night time. Consider sleeping in a reclined position or taking a pain pill before bed to help sleep better. Most people will have difficulty sleeping comfortably through the night for the first 6 weeks after surgery.

---

### Narcotics (opiates)

- Common opiates include oxycodone (Percocet), hydrocodone (Vicodin, Norco), and hydromorphone (Dilaudid)
- Narcotic pain medications are dangerous for several reasons:
  - Severe constipation
  - Grogginess/unsteadiness
  - Urinary retention
  - Itchiness
  - Dependence: 92% of people that are addicted to narcotics report that they started taking them after being prescribed from a doctor or medical professional. Over 47,000 Americans die every year from narcotic overdose. 10% of all people prescribed an opioid for an musculoskeletal complaint will go on to become dependent on that medication
- Because of this, we attempt to minimize narcotic pain medications for all patients.
- I recommend using opiates as needed for the first 3-5 days. This is typically covered by the 20 to 30 pills prescribed. After 5 days, transition to only taking opiates pain medications before bed if needed. The goal should be to stop opiates all-together by 2 weeks post-operatively. You will not be prescribed narcotic pain medication after 6 weeks post-operatively or pre-operatively

---

### Pre-operative

- Try to limit all narcotic use prior to surgery if possible. Narcotic use prior to surgery will induce your body to create a higher tolerance, meaning they will be less effective after surgery
- Take 1000mg acetaminophen (2 Extra Strength Tylenols) every 6 hours the day prior to surgery.
- Take gabapentin 600 mg and acetaminophen 1000 mg immediately prior to surgery
- Do not take NSAIDS (ibuprofen, naproxen, aspirin) 5 days prior to surgery due to bleeding risk.

---

### Nerve Blocks

- For many procedures, you will have the option of a pre-operative nerve block. This will numb the arm for anywhere from 18 to 72 hours. I recommend this for most people as it (1) helps with pain during that time period and (2) decreases the amount of anesthetic required for the surgery allowing for an easier recovery from the anesthesia (less grogginess, less nausea)

## Post-Operative

- Take 2 Extra Strength Tylenol (1000 mg) tablets every 6 hours scheduled. Ensure that you are not exceeding 4000 mg of Tylenol or acetaminophen in a 24 hour period, especially if you are already taking a medication with acetaminophen in it such as Percocet, Norco, or Vicodin.
  - Take 3 tablets of ibuprofen or Advil (600 mg) every 6 hours alternating with the Tylenol. Do not take ibuprofen if you have kidney disease, are over 70 years of age, or have had prior stomach upset with ibuprofen.
  - You may be given a prescription for gabapentin (Neurontin), 600mg or pregabalin (Lyrica) for several days after the surgery. If the medication makes you feel excessively drowsy, then stop taking it. This is a nerve medicine that helps with pain control in a different fashion
  - Take the prescribed pain medication (typically oxycodone or hydrocodone) as directed. You may your medicine liberally over the first 3-5 days, and then you can begin to taper your use. **The expectation is that you are off the narcotic pain medication by your first post-operative visit**
  - Take and over-the-counter stool softener, i.e. Colace while you are taking pain medications. This medication is routinely used as pain medicines can be very constipating. Please take as directed unless you experience loose stools or diarrhea.
  - Take one aspirin a day for 2 weeks after surgery unless you are allergic to prevent blood clots
- 

## Icing

- Ice is very effective with pain control. Use either ice packs or a dedicated ice machine bandage liberally for the first 1-2 weeks after surgery. Try to ice 3-6 times a day for 45 minutes at a time

### Homemade Ice Pack:

- What you need:
  - 1 gallon plastic freezer bag (2)
  - Water
  - Rubbing alcohol
- Directions:

Fill freezer bag with 2 cups rubbing alcohol and 4 cups of water. For a less dense gel, reduce the amount of water. You can also increase the water amount to make the gel thicker. Try to get as much air out of the freezer bag before sealing it shut, then put it inside a second freezer bag- there is less chance of a leak. **After placing in the freezer always remember to put a towel in between your skin and ice pack to avoid burning your skin.** (It will take your ice pack about a day to freeze. If it is hard, just squeeze it once for it to return to gel state).



## When to Call

- Call our office at (801) 587-1280 during business hours or (801) 581-2121 after hours for any of the following issues:
  - Severe pain that medications cannot control
  - Severe nausea or vomiting
  - Feeling overly sleepy or lethargic
  - Any other perceived
- If you are running low on pain medications and you need a refill, please call the office 2 days prior to running out. Please also do not request pain medications over weekend or holidays as this is difficult to fill for the on call provider. Try to call prior to a weekend or holiday to avoid this.