

Pain Management Scripting

When a decision is made to proceed with surgery, know the road to recovery will include pain and it is going to hurt. Anticipate pain and a change in your quality of sleep for several weeks to months post operatively. With that said, our goal is to keep your pain at a tolerable level and you will not be alone during this journey. We are here to help with the following tips and tools.

- Pain medications have been prescribed for you. Use them. This is especially true for the first few days after surgery. As time progresses you will take it less and less, and you will be able to substitute with Tylenol and non-pharmacologic strategies like ice, walking, & distraction.
- Do not let your pain get out of control. Use your pain medication as a tool to help you walk, complete bedside exercises, and support a restful night of sleep. On the day of surgery an anesthesiologist will administer an injection, known as a “block”, of local anesthetic which supports with pain prevention for the first few days, but you’ll most likely need to take your pain medication on a schedule as prescribed and then gradually wean yourself off. Do not rely just on the local anesthetic to relieve your pain. We find the combination of both low dose narcotics and local anesthetic to be the most helpful pain management solution.
- If you find that you are excessively drowsy, groggy, or are unable to participate in therapy, consider the need to either cut your pain pills in half, or extend the time. While awake, you should be up and walking around for at least a few minutes about every hour.
- Quick note about Tylenol: Many times narcotic medications that have been prescribed to you also contain Tylenol. Medications like Percocet and Norco contain Tylenol and may read on the bottle as acetometaphen or APAP. For example, Percocet usually comes in the form of “oxycodone/acetometaphen 5/325. This means that each pill contains 5mg of oxycodone and 325mg of Tylenol. You should not exceed more than 3,000mg of Tylenol in a 24 hour period. You likely will alternate these medications every time you take something for pain to promote the best pain relief with the least amount of narcotic. Because the times will vary, ALWAYS write down the time you took your medication. Keep a piece of paper by the pill bottle so that every family member knows when it was last taken, and when it can be given again.
- Narcotic pain medications cause hard stools and constipation. It’s a good idea to use stool softeners like Colace daily when you are taking opioid medications, drink lots of water, eat foods high in fiber, and lots of little walks. If you still haven’t had a BM by post-op day 3, please use a laxative like Dulcolax or Miralax. If needed, over the counter magnesium citrate can also be effective. Call your surgeon if this does not resolve by the following morning.
- Remember that ice is your friend! 20 minutes on and 40 minutes off. Leg swelling will occur for many months so keep the ice bags handy and elevate. If you have obtained the polar care ice and compression unit, it can be left on for longer periods of time.

- Another strategy for pain control: Motion is lotion to your joint. The longer you remain still, the more stiff your muscles will become and will cause more pain when you do finally move.
- Lastly, distraction can also provide pain relief: Watch movies, reading, play games, deep breathing techniques, Audible©, meditation, guided imagery, Calm© app etc.

It's important to understand that the recovery process can and will be painful. It is unrealistic to think the surgery and recovery will be pain free. Establish a pain goal prior to coming to the hospital, on a scale of 0-10, that's tolerable, realistic, and attainable. Doing so will ensure the whole team, in partnership with you, are all working towards the same pain goal. If you are utilizing all of these strategies and are still having difficulty maintaining your pain at a tolerable level, please contact your surgeon's office.

PRE-OPERATIVE CHECKLIST
ORTHOPEDICS AND SPINE PATIENTS

- STOP taking Aspirin and other blood thinning medications at least 7-10 days before surgery
- Do not eat or drink anything after midnight or at least 8 hours prior to your scheduled surgery time
- Bathe thoroughly the night before surgery with soap and water— be sure to scrub and shave area of surgery with a clean blade.
- Bring a copy of your advance directive if you want us to have a copy in the chart
- Bring your medication list !
- You must have a dependable transport home after surgery. You will not be allowed to drive by yourself. You must have somebody drive you home.
- Arrange for a caregiver for at least 1-2 weeks after discharge home as needed
- Be sure to get your post operative appointment card from the staff before discharge home -- usually 2 weeks. Spine surgery patients are seen the next day in office by physician.
- If you take blood pressure medication you will take that on the morning of surgery with a SMALL sip of water. This will help control your blood pressure during surgery.
- If you are diabetic – please inform us so we can guide you on medications to take on the morning of surgery. Keep hard candy in your bag at all times.