

PAIN

Pain is different for everyone. To eliminate this difference, we like to assess pain with a 0-10 scale where 0 is no pain, and 10 is the worst pain. 5 is the borderline above which you are unable to ignore the pain ie: you can't read a book, sleep, or watch a movie without concentrating on pain. After surgery, you will likely have some pain. No medicine will take it away completely. The goal with post-operative pain management is to keep pain under a 5. It is important not to let your pain get out of control, as it becomes more and more difficult to get back on top of it.

You will be given several Prescription medications to take after surgery. They will all have dosing instructions printed on them. ****If you get a nerve block for your surgery, don't wait until it wears off before starting pain medicines.**

PRESCRIPTIONS

- *PERCOCET or OXYCODONE is for post-surgical pain. You may take 1-2 pills every 4-6 hours for 24-48 hours after surgery. After that, it is generally OK to try either decreasing dose (1 ½ pills every 4 hrs) or increasing time between doses (2 pills every 5 hours). Follow what YOUR pain tells you.
- *LORTAB or HYDROCODONE is for less severe pain. You may take 1-2 pills every 4-6 hours for 24-48 hours after surgery. Follow above guidelines for decreasing dose as pain allows.
- DILAUDID is for pain beyond what 2 percocet or oxycodone can control. This does not happen often and you may not need it at all, but it is there just in case. You may take 1 pill every 4 hours. It can be taken in addition to the Percocet OR Lortab if they are not enough by themselves. It could save you a 2am trip to the ER, so we recommend filling the prescription.
- FLEXERIL is a muscle relaxant. You may take 1 pill three times a day. You might only need it at night in which case you may take 1 pill at bedtime.
- PHENERGAN or PROMETHAZINE is for nausea. It is your friend. It is taken every 4-6 hours with the pain medicine if needed. It is sedating and can actually have an additive effect to the pain medicines.

Please read carefully all information that comes with your prescriptions. These medicines can be sedating and can impair your judgment, and your ability to drive, or operate machinery.

*These medications contain Tylenol (acetaminophen) so do not take additional Tylenol with them.

*These medications can cause itching. This is not necessarily an allergic reaction, but a common side effect of narcotics. It can be treated with over the counter Benadryl. Notify Rosie or Dr. Williams of any itching that involves a rash or difficulty breathing as this COULD be an allergic reaction requiring further action.

OVER THE COUNTER MEDICATIONS

- **STOOL SOFTENER** sounds ominous, but the second most common side effect of pain medicine is constipation. We recommend you take this morning and night while you are on pain medicines. Please see Constipation information sheet for more detail.
- **IBUPROFEN** can be taken safely between doses of prescription pain medicines to attain greater pain relief unless you have a history of stomach problems or ulcers.

MORE OPTIONS FOR PAIN CONTROL

- **ICE** will help decrease swelling and therefore pain. Ice for at least 20 minutes several times a day for 24-48 hours. There are several options for icing. We will give you an ice pack. There are more elaborate icing systems that pump ice water through a pad (Polar Care or Game Ready) which is worn on the affected limb. These can be purchased or rented. (Some insurance companies will pay for this, some will not.)
- **ACUPUNCTURE** has been shown in many good studies to help with pain, nausea, muscle spasms and constipation. Please see separate information sheet on acupuncture if you would like to learn more about this option.
- **IMMOBILIZE** You will be in a splint or sling after surgery. We recommend that you wear it. Specific instructions will be given regarding this and physical therapy will usually be started within a few days of your surgery. A specific protocol will be developed based on the particular surgery you undergo. Your protocol will be discussed with you at your first post-op appointment.