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Pain Control After Orthopedic Surgery or Injury

Pain is an unavoidable part of any orthopedic surgery. While some discomfort should be expected, there are several options available to manage and relieve pain. Many types of medications are available to help control pain, including opioids, non-steroidal anti-inflammatory drugs (NSAIDs), nerve agents, and muscle relaxants. All of these have risks and benefits that must be appropriately balanced in order to maximize comfort and minimize side effects. Because of this, a combined approach is often the best option as it allows the surgeon to tailor pain control to the individual patient.

Your pain management protocol includes the following non-opioid (non-narcotic) medications:

Acetaminophen (Tylenol): 1000 mg three times a day

Meloxicam (Mobic): 75 mg once a day

Gabapentin (Neurontin): 300 mg three times a day

Methocarbamol (Robaxin): 750-1500 mg three times a day as needed

It will also include one of the following two opioid (narcotic) medications:

Tramadol (Ultram): 50 mg every 6 hours as needed for pain

OR

Oxycodone: 5 mg every 6 hours as needed for pain

If a narcotic is prescribed, you will also be prescribed **senna**, a stool softener (8.6 mg twice a day while taking narcotics). Please discontinue the stool softener if you are having loose stools or diarrhea.

How to take your medications

Acetaminophen, meloxicam, and gabapentin should be taken on a regular schedule for the first week after your surgery. These medications provide the foundation for your pain control. As your pain starts to decrease, you may begin to take these medications on an as needed basis.

Methocarbamol should be the second line of your pain control regimen, and is directed at muscle spasms which often occur after surgery.

Finally, tramadol and oxycodone are opioids (narcotics) which should be used sparingly and limited to the first few days after surgery. When taken as prescribed, opioids can be especially effective for managing short-term pain after surgery. However, opioid overdoses and deaths are a major problem. Many states now have very restrictive narcotic prescription policies. For example, **the state of Texas limits prescriptions to a 10-day supply with no refills, and doctors cannot call in refills over the telephone**. If you are denied a refill request, it is likely due to these state laws. Such laws are not flexible or based upon specific injuries or surgeries. Finally, if you already see a Pain Management physician, you should contact that provider for your pain medications.

Other ways to control pain

- Swelling (edema) is often a significant cause of pain - keep the operative extremity at or above the level of your heart as much as possible to minimize swelling; however, some swelling is normal given the surgery!
- Icing the extremity for 20 minutes every hour can also reduce pain and swelling

The goal of medication management is to "take the edge off" and keep the pain tolerable. Expect that your extremity will be painful – surgery hurts! The pain will get better – just trust the process!