



Dr. Edward Kelly
Twin Cities Orthopedics
1000 West 140th Street, Suite 201
Burnsville, MN 55337
www.edwardkellymd.com

Preparing for and Treating Pain After Surgery

Dr. Kelly and his team are compassionate about your pain and want to make your surgical experience as positive as possible. Using a comprehensive, multimodal approach to pain management with medications that treat different aspects of pain, we want to work with you to help safely and effectively manage your pain, while minimizing side effects.

Realistic expectations for post-operative pain:

Following surgery, all patients can expect to have some post-operative pain. We want you to be as comfortable as possible through your healing process, while limiting the side effects of some potentially dangerous pain medications. By using a multi-modal approach to pain management, which uses a variety of medications that work on different pain receptors and different sources of pain, patients can get the best pain relief safely.

What can you do at home after surgery?

Two things we want you to do right away after surgery are apply a bag of ice or re-freezable gel packs and elevate the surgical area. Ice should be applied for 20-30 minutes at a time several times a day. Elevating means lying down and propping your leg on several pillows for ankle/knee surgeries, resting the arm on several pillows for wrist/elbow surgeries, and sitting in a reclining chair or couch for shoulder surgeries. This is meant to minimize swelling, which causes some of your post-operative pain.

We will prescribe or suggest several medications to take following your surgery either in the hospital or at home after out patient surgery. Please note, some (not all) of these will be recommended based on the surgery you are having and your medical history:

- Anti-inflammatory medications/NSAIDs:
 - Ibuprofen (Advil/Motrin), naproxen (Aleve), or celecoxib (Celebrex)
 - Some patients say that they cannot take these medications.
 - If the reason is an upset stomach, we can also prescribe a medication called Omeprazole to protect your stomach.
 - If it is because you are taking a blood thinner like Coumadin, we may give you Celebrex, which is considered to be safer with those blood thinners. We always recommend you contact your cardiologist or primary care provider to make sure you can take them.
 - Dosing:
 - After surgery, take up to 800 mg ibuprofen every 8 hours, 500 mg Naproxen (Aleve) every 12 hours, or Celebrex 200 mg once daily.
- Extra-strength Tylenol:
 - Dosing: Start with 1 gram (2 x 500mg extra-strength tabs) every 8 hours. Taper down as able
- Vistaril (hydroxyzine):

- Dosing: 10 or 25 mg every 4 hours, usually lower dose in older adults. Take this with the narcotic to help with the side effects and make the medicine more effective.
- This medication can make patients drowsy so use cautiously if you plan to drive.
- Opioid medication:
 - Oxycodone, Hydrocodone (Norco) or Dilaudid (hydromorphone):
 - Dosing: 1 or 2 tablets every 4-6 hours as you need them. Take the lowest dose that is effective
 - The body can build a tolerance to opioid medications in as little as **5 days**. Therefore, we recommended using these medications only AS NEEDED in the first few days after surgery.
 - There are several known negative effects to opioid use: constipation, dizziness (which can increase fall risk), nausea, decreased respiratory (breathing) rate, and dependence, which can lead to addiction.
- Tramadol (Ultram) 50 mg tablets:
 - This is a prescription pain medication that is not an opioid, but is still stronger than over the counter medications.
 - It seems to have less of the negative side effects of opioid narcotics
 - Dosing: 1-2 tablets every 4 hours as you need them. Take the lowest dose you can and taper down ASAP
- Steroids:
 - Methylprednisolone (Medrol dose pack) or Dexamethasone
 - Intended for a short course in the acute post-op phase to limit inflammation
 - May be contraindicated if you have diabetes because it can raise blood sugars

Multimodal pain medication program example:

Medication	Dosing	Duration
Acetaminophen (Tylenol)	1000 mg every 8 hours	Up to 6 weeks after surgery
Ibuprofen (Advil) OR Naproxen (Aleve) OR Celebrex	600-800 mg every 8 hours 500 mg every 12 hours 200 mg once daily	Up to 6 weeks after surgery Up to 6 weeks after surgery Up to 2 weeks after surgery
Omeprazole (protect from GI upset while taking Celebrex, Naproxen or Ibuprofen)	20 mg every AM	Up to 2 weeks after surgery
Vistaril (hydroxyzine)	10 or 25 mg every 6 hours	Up to 4 weeks after surgery
Oxycodone OR Norco OR Dilaudid	5-10 mg every 4-6 hours 2-4 mg every 4-6 hours	For emergency pain relief (rated 8/10 or higher) 1-5 days after surgery
Ultram (tramadol)	50-100 mg every 4 hours	For moderate pain 1-2 weeks after surgery
Medrol dose pack (steroid taper)	4 mg tabs taken in a taper format: 6 tabs day 1, 5 tabs on day 2, etc.	6 days until completion of the prescription pack

****Oxycodone and tramadol should not be taken at the same time.** When pain is its most intense (i.e. the first day after surgery when your nerve block is wearing off) you may need the oxycodone or Dilaudid. If your pain level has decreased to a moderate level and you no longer need the narcotic, but the Tylenol, ibuprofen, and Vistaril are not enough, Tramadol may be prescribed.

We encourage you to think about pain management before your surgery and be sure to have a comfortable place to rest and sleep, pillows to elevate the extremity you had surgery on, plenty of re-freezable ice packs, and activities to distract and entertain you, such as books, movies, handheld games, etc. Please call us if you have any questions before or after surgery about these medications or how to use them. Your safety is our number one concern when you have surgery!

Contact Dr. Kelly's PA Lindsey or care coordinator Kaici at 612-455-2023 with questions.