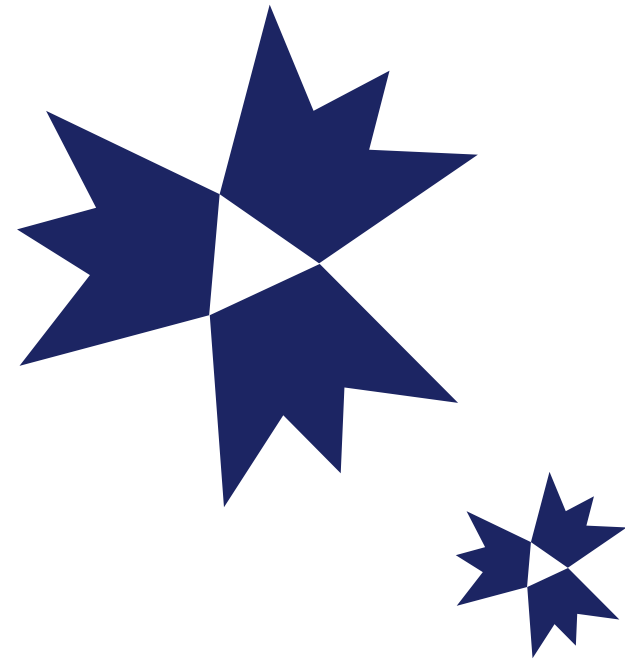


Pain Management

Before and After Joint Replacement

THE
KNEE • HIP • SHOULDER
CENTER



The Importance of Pain Control

- Adequate control of postoperative pain has many advantages
 1. It reduces overall stress to the body
 2. It allows earlier and fuller range of motion
 3. It provides a better outlook and better motivation
 4. It promotes better sleep which improves healing



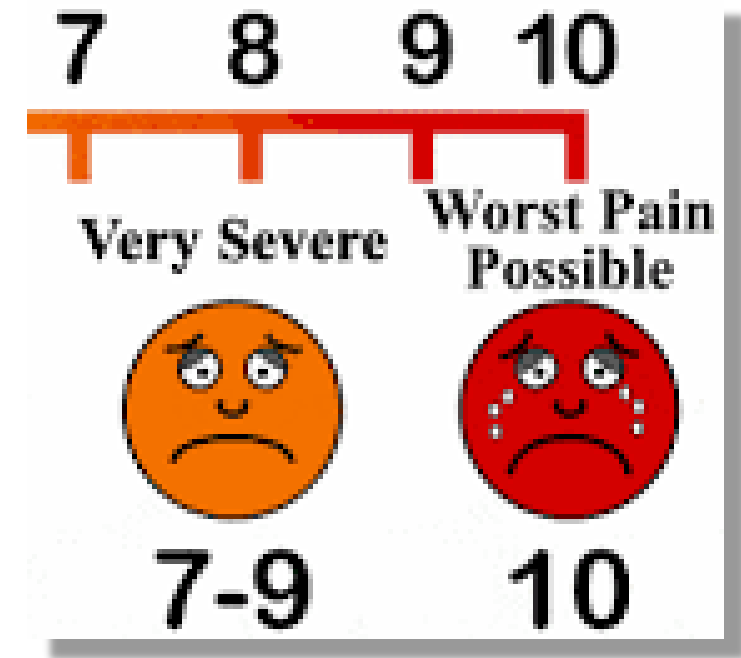
The Truth about Pain

- We cannot make surgery pain free
- Our goal is to make it manageable
- You should expect to have some discomfort and pain
- We expect you to push yourself in therapy and this will cause some pain



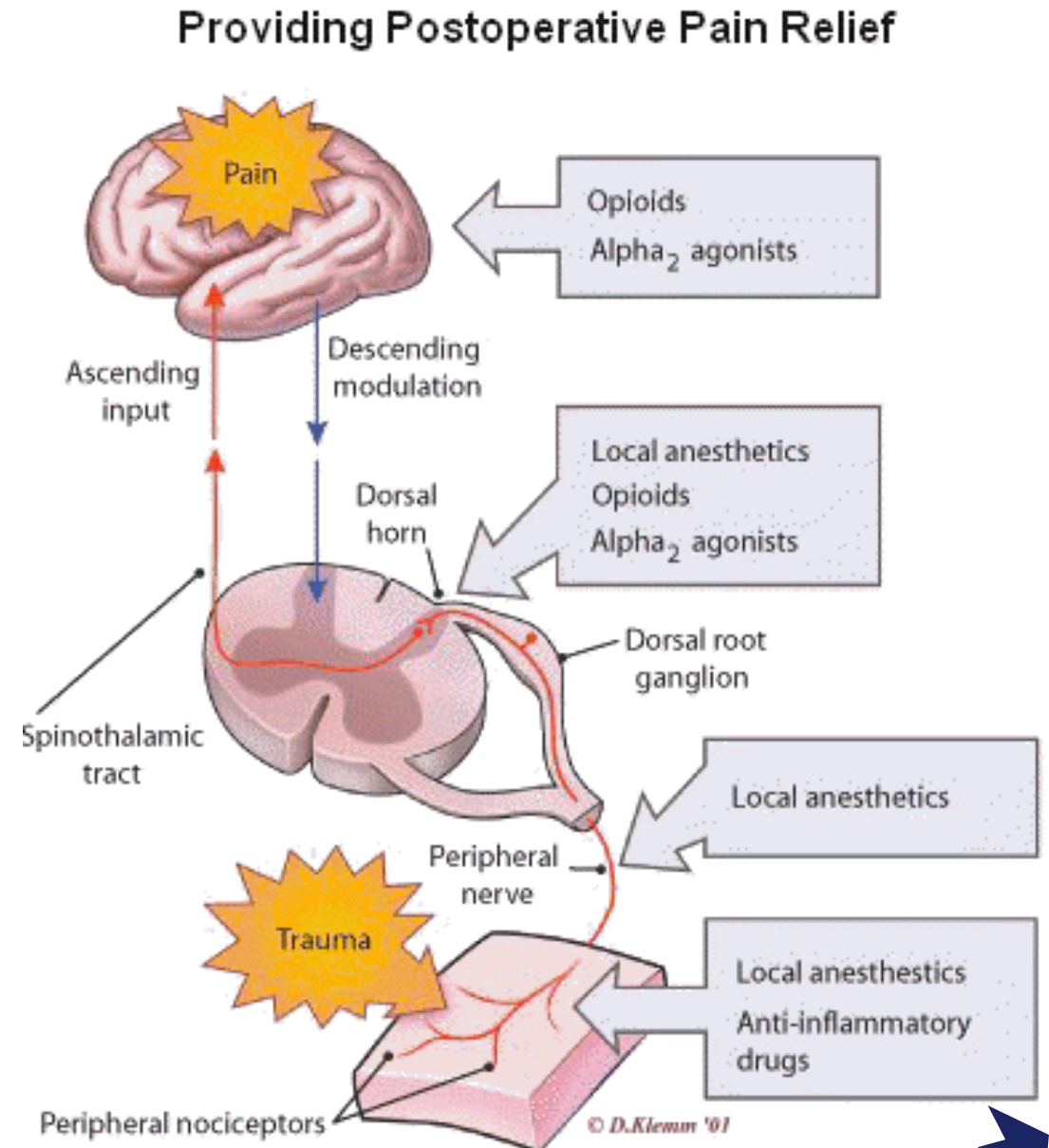
Chronic Pain

- Patients with chronic pain who take regular narcotic pain medications struggle with postoperative pain.
- When the body develops a tolerance to pain meds over time, they do not work well after surgery.
- Adequate postoperative pain control is very difficult and many studies show that **people on narcotic therapy for chronic pain are often dissatisfied with their joint replacement.**
- We recommend that you work with a pain management specialist to wean off all narcotics well prior to surgery.



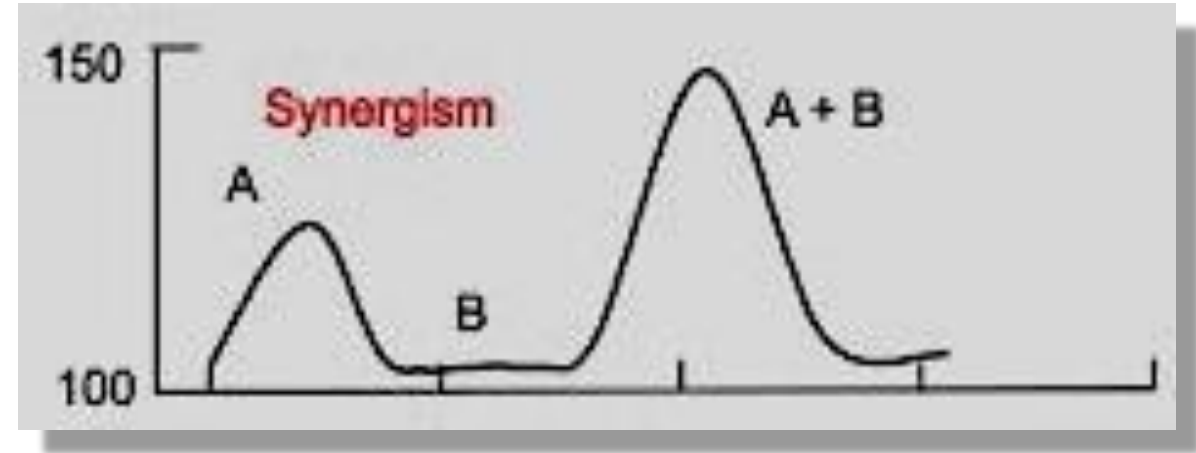
Pain Pathways

- Pain travels from the site of surgery back to the brain along nerves and pathways in the spinal cord
- Different medications can act at different sites along this pathway to help block the awareness of pain



Multimodal Analgesia

- This refers to using several medications in combination to block pain at different sites along the pathway



- Medications work synergistically where their combined effect is much greater than their individual effect
- This works best when the medications are taken on a set schedule rather than at random intermittent intervals



Pre-emptive Analgesia

- This refers to pain control that starts before the surgery
- It has been shown to reduce postoperative pain and reduce the amount of strong pain medications that are needed after surgery
- It leads to a more comfortable postoperative course with fewer side effects of narcotic pain medications

The best way to
treat pain is
to prevent it



Pre-emptive Pain Instructions

- Building up a level of Tylenol in your body will help limit postoperative pain
- Start taking 2 Extra Strength Tylenol every 8 hours 3 days prior to your surgery
- **Do not take it on the day of your surgery** as you will receive intravenous Tylenol in the hospital when you arrive



Postoperative Pain Management Schedule

- **Tylenol Extra Strength (500mg)** 2 pills every 8 hours
- **Tramadol (50 mg)** 1 pill every 6 hours
- **Anti-inflammatory Medication: take either or but not both**
 - **Ibuprofen (Advil, Motrin):** 4 pills every 6 hours
 - **Naproxen (Naprosyn, Aleve):** 2 pills every 12 hours
- **Oxycodone (5mg)** 1-2 pills every 4-6 hours as needed
 - Oxycodone is a strong narcotic pain medication and should only be used as needed
 - If patients are comfortable without oxycodone they can avoid the risks associated with its use



Special Circumstances

- Some patients are not allowed to take anti-inflammatory medications if they are on blood thinners or have a history of a bleeding stomach ulcer or weight-loss surgery
- Some patients also may not be allowed to take Tramadol if it interacts with other medications such as anti-depressants
- Let your care team know if this applies to you so that other arrangements can be made



The Down Side of Narcotic Pain Medications

- Strong pain medications have side effects which can sometimes be as uncomfortable as pain
- These include
 - **Nausea**
 - **Constipation**
 - **Sedation**
 - **Hallucinations**
- Long-term use can also lead to tolerance and addiction



GI Prophylaxis

- Surgery can cause stress to your body and anti-inflammatory medication may also bother some people's stomach
- If you do not already regularly take an antacid medication (Protonix, Nexium, Pepcid, Prilosec, etc...) **we recommend taking Prilosec 20mg daily**
- This can be purchased over the counter at your pharmacy and started when you return home



Bowel Regimen

- Surgery and pain medications can be constipating so we recommend getting on a good bowel regimen
- This can be started a few days prior to surgery and should be taken regularly through the first week or two until back on a regular schedule
- We recommend
 - Colace 100mg twice daily
 - Colace can be increased to a maximum of 200mg twice daily
 - Miralax Powder 17gm mixed with 8oz water once daily



Treatments for Constipation

- If this bowel regimen does not work and constipation continues, the following other treatments can be used.
 - Milk of Magnesium 1 tablespoon 3x/day
 - Glycerin suppositories
 - Fleet Enemas
- Make sure to drink a lot of water as hydration can also help constipation



High Fiber Foods: can also prevent constipation

FOODS THAT SLOW

Low-fiber foods

- White bread
- White rice

Processed foods

- Potato chips
- Corn chips
- Instant mashed potatoes
- French fries
- Pizza

Red meat

- Pork
- Beef

Dairy products

- Cheese
- Milk
- Ice cream

Sugar/desserts

- Pastries
- Candy

Caffeine

- Coffee
- Soda
- Chocolate

Nuts

Bananas



FOODS TO GO

High-fiber foods

- Whole grains
- Brown rice
- Psyllium husk
- Apple pectin
- Popcorn
- Oatmeal

Fruit

- Prunes
- Apples
- Berries
- Dates
- Figs

- Apricots
- Plums
- Pears

Vegetables

- Spinach
- Beets
- Okra
- Broccoli
- Sweet potato

Nuts and seeds

- Pumpkin seeds
- Peanuts
- Flaxseed

- Brazil nuts
- Walnuts
- Almonds
- Pistachios

Beans and Legumes

