

Post-Operative Pain Management

During the first few days, and up to a few weeks after your surgery, it is expected that you will experience some post-surgical discomfort after going home. There may be certain times during the day when your discomfort is worse than others, especially during and after physical activities. Post-surgical pain/discomfort is a normal part of the healing process, but severe pain/discomfort is ***not*** expected. *Should you experience severe pain/discomfort after taking your pain medication, you should immediately contact my office.*

You are being sent home with a prescription(s) for pain medication. *This sheet is intended to provide you with some basic information about your pain medication, and who you should contact if you experience any pain problems after leaving the hospital.* The most common pain medications given following surgery are Vicodin, and/or Percocet. All of these medications contain a combination of acetaminophen (Tylenol) and a narcotic medication that help control pain.

As with all oral medications, it takes some time before the medication begins to take effect, usually 30 to 45 minutes after you have swallowed the pill(s). It is important to take your pain medication before your pain level gets too high, so the medication has enough time to take effect. If you notice that you require your pain medication before the 3 to 4 hour interval in order to control your pain, you should contact the office immediately and see if a different pain medication is needed.

As with all medications, there are some common side effects that you should be aware of. Most of these pain medications contain opiates (narcotic medication), which may cause dizziness, drowsiness (sedation), constipation, itching, rash, nausea and vomiting. If you experience any of these reactions, you should consult the office.\*\*

Along with taking your oral medications, there are a few other methods that you may use to help control your post-operative pain. You should continue to ice the affected are a few times a day, keeping the ice pack on for 15 to 20 minutes at a time for 48 hours post-operatively. (Remember to put a thin sheet or pillow case over the skin to keep the ice pack from being in direct contact with your skin). Cold therapy is needed to help reduce post-operative swelling by slowing the flow of blood and other fluids to the injured area. A cold back is also helpful in relieving the sensations of pain and restoring the strength and mobility more quickly so that patients can heal faster and feel better sooner. There also are non-traditional, but effective ways of controlling pain, such as the use of meditation, guided imagery, and deep breathing techniques.

\*\**Please be aware that many pain medications contain Tylenol (Acetaminophen) as stated above. It is very important that you only take them as directed by a healthcare professional. If you are taking a pain medication that contains Tylenol (Acetaminophen), do not take any extra over-the-counter Tylenol (Acetaminophen) , or exceed the maximum amount of pain medication allowed in a 24 hour period, as this could result in a life-threatening Tylenol overdose. If you feel that you have accidentally taken too much Tylenol, contact your primary health provider or surgeon immediately.*

Bowel Regimen for Opioid-Induced Constipation

Constipation caused by pain medication is a common occurrence following surgery. The bowel regimen listed below has been designed to help you maintain regularity while you are recovering from your surgery and taking pain medication on a consistent basis.

You should first start by increasing your intake of fluids, both water and fruit juices (especially apple, prune and apricot juice). Fresh fruit and vegetables and physical activity also promote regularity. If this is not effective, follow the plan illustrated below:

**Day 1-2**

Docusate (Colace) 100 mg cap 2 – 3 times per day

Senna 2 tabs at bedtime. Increase by 2 tabs at mealtimes up to a maximum of 8 tabs per day if no bowel movement by day 3.

**OR**

Senna S (combination of Senna & Docusate) 2 tabs at bedtime. Increase by 2 tabs at mealtimes up to a maximum of 8 tabs per day if no bowel movement by day 3.

**Day 3**

Continue as above and add Milk of Magnesia 30 ml (2 tablespoons) once or twice a day.

**Day 4**

Continue as on Day 3 and add a Biscodyl rectal suppository. You may also take an enema, if you are uncomfortable.

As your need for pain medication decreases, you should also need less of the bowel medications. You are the best judge of balancing the two. If you start to get diarrhea **STOP THE LAXATIVES**.

Avoid bulk formers such as Metamucil. They can make constipation worse, if your bowels are not moving normally.

If you have followed the instructions above and still have not had a bowel movement by Day 5, call our office. We can discuss prescribing other laxatives but you may need to be seen by a doctor first.

Talk to your doctor about this if you have any kidney problems.