



Post-Operative Medications and Multimodal Pain Management Strategy

What Is Pain?

Pain is a signal in your nervous system that something may be wrong. It is an unpleasant feeling, such as a prick, tingle, sting, burn, or ache. Pain may be sharp or dull. It may come and go, or it may be constant.

How Do We Treat Pain?

We use a **multimodal pain management strategy**. This involves utilizing several techniques and medications, described below, to target a variety of pain pathways in the body. By addressing your pain through several different pathways simultaneously, we can significantly reduce the pain and discomfort that you experience after hip or knee surgery.

Pre-Operative

The two pre-operative pain management nerve block methods we use are:

- **Adductor Canal Block (Knees)** - An anesthesiologist will numb/inhibit the saphenous nerve (this is the nerve providing sensation to the inner parts of the leg/knee) to control pain. This nerve block wears off in 24-48 hours.
- **Spinal Block (Hips and Knees)** - An anesthesiologist will put numbing medicine into the spinal fluid, not the spine itself, to numb the lower part of the body. This nerve block may help with pain relief long after surgery, though numbness wears off after a few hours.



Intra-Operative

During your surgery, a variety of **numbing and pain medications** will be injected around the soft tissues of your hip or knee. These medications typically **provide excellent pain relief for the first 48-72 hours** after surgery. Depending on your medical conditions these may include:

- **Bupivacaine** (Local Anesthetic)
Numbing Medication
- **Morphine** (Opioid)
Pain Medication
- **Ketorolac** (Non-Steroid)
Anti-Inflammatory Drug
- **Epinephrine** (Vasoconstrictor)
Decreases Bleeding at Operative Site
- **Triamcinolone** (Steroid)
Decreases Inflammation and Swelling

Post-Operative

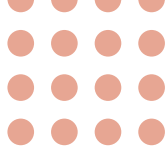
You may not receive prescriptions for all these medications. Our team will determine which medications are most appropriate for you based on your current health status and medical history. Each prescription is tailored to each patient. Please use all medications as prescribed:

- **Celecoxib (Celebrex) / Meloxicam / Ibuprofen** (Non-Steroidal Anti-Inflammatory Drug)
Decreases Inflammation
- **Oxycodone / Acetaminophen (Percocet) or Hydrocodone / Acetaminophen (Norco)** (Opioid)
Reduces Moderate to Severe Pain
- **Ondansetron (Zofran)** (Anti-Nausea Drug)
Treats Nausea and Vomiting
- **Tramadol (Ultram)** (Opioid / Anti-inflammatory Drug)
Reduces Mild to Moderate Pain
- **Ascorbic Acid / Vitamin C** Promotes Wound Healing and Decreases Nerve Pain
- **Prednisone (Corticosteroids)** (Steroid)
Decrease Inflammation and Swelling
- **Aspirin** (Aspirin 81 or Baby Aspirin)
Prevents Blood Clots

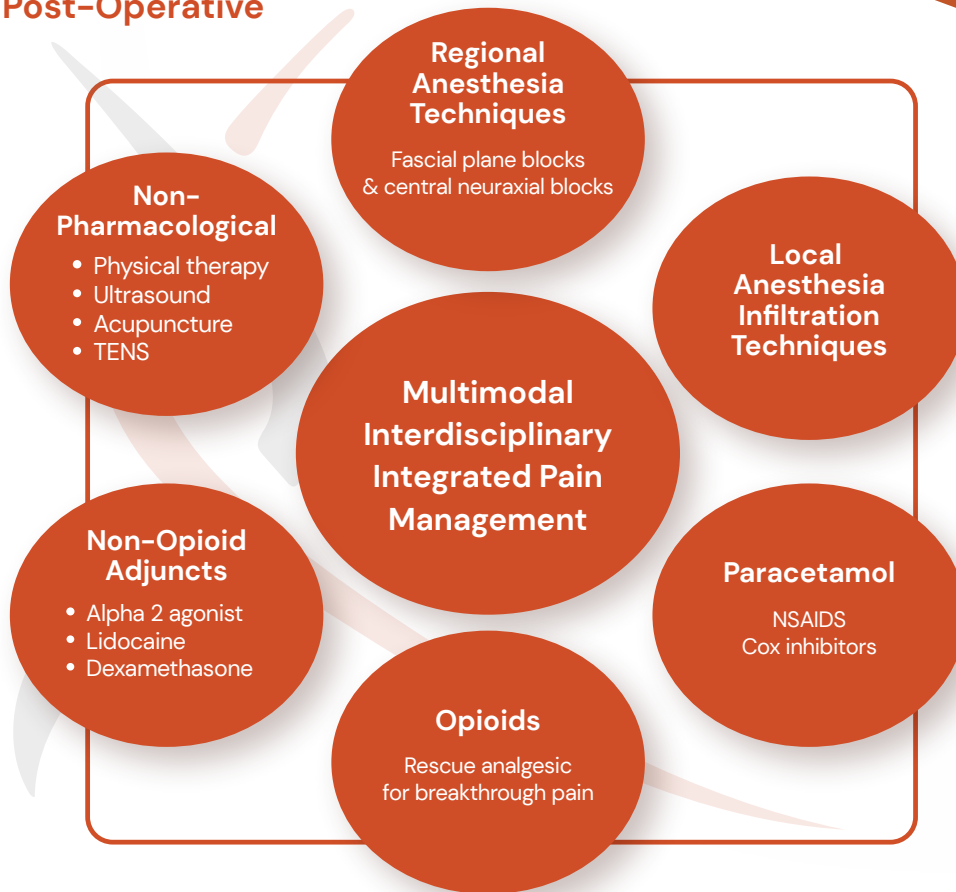


Regain Your Motion. Regain Your Freedom.





Post-Operative



*Each patient receives a custom-tailored plan.

*Not all of these modalities are used with every patient.

Typical Schedule of Medications

- We recommend taking a pain medication (Oxycodone or Ultram) before bed the day of surgery even if you are not experiencing much pain
- We also recommend setting an alarm and taking a pill every 4 hours for the first 2 days
- If Oxycodone alone is not controlling your pain, try alternating Ultram and Oxycodone
- As your pain improves, you may discontinue the Oxycodone and use only the Ultram
- Use the Zofran as needed for nausea
- Finish the blood thinners and vitamin C as prescribed