Ascension

# Surgical Medication Instructions

We are glad that you have chosen to partner with us to help treat your orthopedic/sports medicine problem. This guide will help instruct you on the medicines that we have found are helpful to minimize your pain following your surgery and optimize your results. Please read this carefully and if there are further questions then please ask a nurse or your doctor. In rare cases, your doctor may have given you instructions different than below and so those should be followed.

Medications are typically prescribed at the time your surgery is scheduled. If your surgery is not scheduled while you are present in the clinic, (ie. awaiting insurance precertification, or deciding on surgery or other treatments) then when surgery is scheduled, please ask the scheduler to arrange for your medicines to be called in. If prescribed, your written narcotic medicine (oxycodone) prescription is to be picked up soon after being prescribed, prior to surgery (prescription expires in 21 days, not the medicine), otherwise, you risk not having your medications in time.

## MRSA/STAPH NASAL SWAB:

- If your surgery requires an implant, this swab will be done in our clinic at the time of surgery scheduling, or at a separate nurse visit if surgery was not scheduled during your initial visit. This nasal swab tests for the colonization of **MRSA and STAPH** bacteria in your nose. A positive result **DOES NOT** indicate that you have an **INFECTION** or **COVID**. If you have a positive result, our staff will contact you directly and prescribe you an ointment called Bactroban (Mupirocin). This ointment is to be placed in each nare of your nose, consecutively, for 5 days prior to your surgery or 5 days consecutively if your surgery is less than 5 days away. Treating a positive result assists in reducing the chance of infection after surgery.

## PRIOR TO SURGERY (See also Mid Tex Anesthesia Med Sheet):

- **Stop all medicines** that have a potential to **cause bleeding**. Aspirin (14 days), anti-inflammatories (such as Advil, Motrin, Naprosyn)(7 days) and blood thinners such as Plavix, Xarleto, Eliquis and Coumadin. (ask your doctor)
- **Stop all medicines** (minimum 1 week) that are used for weight-loss and cause loss of appetite. These include Fenluramine/ Phentermine, other Anorexiants, and GLP-1 agonist (Ozempic, Wegovy, Mounjaro, Trulicty)
- **Stop all herbal and over-the-counter supplements** one week before surgery. Some supplements affect bleeding tendencies and may cause problems with wound healing.
- **Continue a multivitamin** if already taking.
- **Diabetes Medications** should be taken as a half dose the night before surgery. If sugars are over 400, surgery will be canceled.
- **Start Vitamin C** 500mg 2 x day beginning when surgery is scheduled (or one month prior to surgery if scheduled greater than one month from now) and continue for 1 month after surgery. This helps prevent bleeding at surgery and is helpful for healing.
- **Start Tylenol** (acetaminophen) 1000 mg every 8 hours beginning the day prior to surgery. Total Tylenol intake should not exceed 4000 mg/day, so beware if you are taking other medicines that include acetaminophen. This has been shown to decrease pain after surgery and can be taken at this dosage anytime prior to surgery.

**FOR SHOULDER SURGERY:** Benzoyl peroxide will be prescribed for shoulder scopes prior to surgery to decrease preoperative *Propionibacterium acnes*. Studies have shown that decreasing amount of *P acnes* should reduce intraoperative wound contamination and postoperative infection

- Use benzoyl peroxide over the operative shoulder, neck, chest, back and armpit region for 3 mornings before surgery (preoperative day 1, preoperative day 2, and morning of surgery).
- Apply solution to affected rinsed shoulder for 3 minutes before washing away

## AFTER SURGERY:

GENERAL INSTRUCTIONS:As a **BASELINE MEDICINE**, you should take **Tylenol (acetaminophen) 1000 mg every 6 hours beginning after surgery. (4000 MG OF TYLENOL OR ACETAMINOPHEN IS THE MAX SAFE DOSE AND MORE CAN LEAD TO LIVER INJURY).** Typically, you will be prescribed a narcotic pain medication without tylenol in it (oxycodone or tramadol) to be used at home after your surgery as well. Take 1-2 tablets every 4-6 hours as needed for pain. It is usually recommended to take the pain medicine every 4 hours for the first 24-48 hours, and then take it as needed with a goal to discontinue narcotics within 4 days. It is common to feel discomfort when lying down to sleep at night, so you may find it beneficial to take the pain pill at bedtime. Keep in mind that the medication will cause drowsiness and should not be used with alcohol. You may not drive while taking narcotic medication. Also, taking this medication on an empty stomach may result in nausea. If unusual side effects occur, please discontinue the medication and contact our office. Hopefully, in a short period of time you will be able to use over-the-counter medications for relief of pain and save the prescribed medication for use only when necessary.

PAIN MEDICINE: (Order: strongest to weakest strength)(NOT ALL ORDERED)

- **Oxycodone (narcotic):** If you are prescribed this medicine, you must pick up this medication within 21 days or it will be **VOID**. Once you pick up your pain medication, save it. **DO NOT** take it before surgery or you will not have it for when you truly need it. You cannot be given another prescription at the time of surgery. Oxycodone is a strong medication and normal side effects include nausea, upset stomach, constipation and itching. There is no tylenol in this medication.
- **Norco (hydrocodone with acetaminophen)(narcotic):** If you are prescribed this medicine, you must pick up this medication within 21 days or it will be **VOID**. Once you pick up your pain medication, save it. **DO NOT** take it before surgery or you will not have it for when you truly need it. You cannot be given another prescription at the time of surgery. Norco is a strong medication and normal side effects include nausea, upset stomach, constipation and itching. This medicine has tylenol in it so you will need to decrease the baseline tylenol you are taking to limit the total amount of tylenol to 4000 mg / day
- **Tylenol #3 (narcotic):** If you are prescribed this medicine, then you should use this as prescribed for pain. This medicine has tylenol in it so you will need to decrease the baseline tylenol you are taking to limit the total amount of tylenol to 4000 mg / day.
- **Tramadol (narcotic) :** If you are prescribed this medicine, it may be used instead of a stronger narcotic if your pain does not require the strength of a stronger narcotic. If your pain is not adequately controlled with the other narcotic then the Tramadol may be taken in addition to the stronger narcotic. (This is rare and has an increased risk of respiratory depression (stopping breathing and dying) so do this cautiously. You may take a maximum of 8 Tramadol tablets/day. Tramadol may be taken with Tylenol as there is no acetaminophen in tramadol.
- **Tylenol (acetaminophen):** Take Tylenol at 1000 mg every 6 hours which allows it to work most effectively. Oxycodone/tramadol do not have tylenol in it. If taking Norco, please be careful to keep your total acetaminophen intake to less than 4000 mg/day as each tablet of Norco has 325 mg of acetaminophen.

ANTI-INFLAMMATORIES (Advil, Ibuprofen, Naprosyn, Aleve, Mobic, etc.)

These medications can be used to decrease inflammation as well as pain. Some patients may have medical conditions (ie. kidney problems, ulcers, previous stomach surgery) that do not allow usage of these medicines so they should be avoided. Additionally, surgeries involving healing of a tendon or bone (ie shoulder rotator cuff surgery or fractures) should avoid anti-inflammatories for 3 months after surgery to prevent slowing of healing. Occasionally in these cases, if pain or scar tissue is an issue, then your doctor may instruct you to take anti-inflammatories.

- **Naprosyn:** This medicine is prescribed routinely for hip arthroscopy and to help decrease inflammation, pain and the formation of bone scar tissue called heterotopic ossification. This should be taken with breakfast and dinner beginning **AFTER** surgery for at least 10 days and then as needed.
- **Over the Counter Anti-inflammatories:** These may be taken beginning the night after surgery if there are no contraindications as mentioned above.

ANTI-NAUSEA MEDICATIONS

Nausea may occur after surgery as a result of the anesthesia or the narcotic pain medicine. If nausea is quite severe you may need to consider discontinuing the narcotic and use other medications to control pain. If you have not had a bowel movement 2 or more days following surgery and have nausea and stomach pain then this should be treated with a laxative (bisacodyl, fleet enema, or other laxative). If symptoms persist then you should contact our office or your primary doctor as rare occurrences of bowel obstruction that can lead to need for surgery or death can occur.

- **Phenergan (promethazine):** If you are prescribed this medication, then you may take it as needed every 6 hours as needed for nausea or vomiting.
- **Zofran (odansetron):** If you are prescribed this medication, then you may take it as needed every 6 hours as needed for nausea or vomiting.

STOOL SOFTENER

- **Colace (docusate)**: This is a stool softener medicine that is prescribed for you to be taken at breakfast and dinner while you are taking a narcotic to prevent constipation. Begin this medicine the night following surgery. If constipation/stomach pain persist despite taking this medicine, then consider taking a laxative such as bisacodyl, fleet enema, or other laxative. Colace and the other laxative may be obtained over the counter.

HEALING SUPPLEMENT

- **Vitamin C:** Take 500 mg 2 x a day for 1 month after surgery. This vitamin has been shown to be helpful for healing following surgery4

NARCAN-NARCOTIC OVERDOSE RESCUE MEDICINE

- **Narcan 4 mg/actuation nasal spray:** Take 1 spray into each nostril and may repeat every 2 to 3 minutes until the patient responds or medical assistance arrives. For suspected opioid overdose.
- Please see attached information sheet

ASPIRIN- DEEP VEIN THROMBOSIS (DVT)/ BLOOD CLOT PREVENTION

Enteric-coated Aspirin is recommended if you are not on another blood thinner already, such as Plavix, Eliquis, Xarelto, etc. to help prevent blood clots after surgery. If you have an allergy, stomach pain, or problems with the medicine, discontinue it and continue other DVT prevention strategies such as frequent ambulation. If your stomach is susceptible to this higher dose, you may take baby Aspirin instead, twice a day.

- **FOR SHOULDER REPLACEMENTS**
  - Aspirin: Take 325 mg 2x a day by mouth for 6 weeks following your surgery
- **FOR EARLY TRAVEL FOLLOWING SURGERY**
  - Aspirin: Take 325 mg 2x a day by mouth for 3 weeks, or until 1 week after you return from travel, whichever comes first.

Mid Tex Anesthesia Associates

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**Mid Tex Anesthesia Pre-procedure Guidelines** July 3, 2023

**Medications**

Patients should continue ALL of their regularly scheduled, doctor-prescribed medications (including pain and anxiety meds) with the exceptions below:

1. Hold all ACE inhibitors (see list below) the morning of the procedure
2. Hold all diuretics (see list below) the morning of the procedure
3. Hold all oral hypoglycemics (Glucophage, Glyburide, etc.) the morning of the procedure
4. The night before the procedure, take half the normal dose of long acting insulin (Lantus, Levemir, Toujeo, Tresiba, etc.)
5. Leave insulin pumps in place, running at normal basal rate
6. Do not take short acting insulin (Humalog, Novolog, Regular, etc.) on day of the procedure
7. Discontinue all diet medications (specifically Phentermine) a minimum of **3 days pre-procedure**
8. **Discontinue all GLP-1 agonists (Ozempic, Wegovy, Mounjaro, Trulicity, etc.) for a minimum of one week pre-procedure, if used for weight loss**

Examples of common ACE inhibitors:

| | |
|---|---|
| Lotensin/Benazepril | Lisinopril/Prinvil/Zestril/Qbrelis |
| Moexipril/Univasc | Monopril/Fosinopril |
| Quinapril/Accupril | Ramipril/Altace |
| Captopril/Capoten/Captoril | Trandolapril/ Mavik |
| Enalapril/Vasotec/Exaned | Perindopril/Aceon |

Examples of common diurectics:

| | |
|---|---|
| Hydrochlorothiazide/HCTZ/Esidrix | Chlorthiadone/Hygroton |
| Chrothiazide/Diuril | Bumetanide/Bumex |
| Furosemide/Lasix | Hydrodiuril/Macrozide |
| Indapamide/Lozol | Triamterene/Dyrenium |
| Metolazone/Zaroxolyn | |

**NPO Status**

Nothing to eat or drink after midnight, unless otherwise directed by your surgeon
Diabetics should drink sips of apple juice or other non-carbonated, clear sugary drinks if they develop symptomatic pre-procedure hypoglycemia

No smoking on the day of the procedure
No chewing tobacco, dip or snuff on the day of the procedure
No marijuana within 24 hours of the procedure

Surgeon will dictate patient arrival times

*Benjamin LaGrone, M.D. * Rebecca Guess, M.D. * Casey Hector, M.D. * Steven Burgard, M.D.*
*Holly Davis, M.D. * Michael Teichelmann, M.D. * Chris Greener, M.D. * Jeff Manning, M.D.*
*Chad Hendricks, M.D. * Mark Johnson, M.D. * Chidi Achilefu, M.D. * Kathryn Emadi, M.D.*
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*Hannah Soukup, CRNA * Dana Rogers, CRNA * Kerri Morgan, CRNA*
*Severine Whittier, CRNA * Josh Gordon, CRNA * David Gallagher, CRNA*

# Safe Use of Opioid Pain Medicine: Care Instructions

## Overview

Pain involves unpleasant emotions and feelings. Pain feels different for everybody. Only you can describe your pain.

A doctor can suggest or prescribe many types of medicines for pain. These range from over-the-counter medicines like acetaminophen (Tylenol) to powerful medicines called opioids. Examples of opioids are fentanyl, hydrocodone, and morphine. Heroin is an illegal opioid

Opioids are strong medicines. They can help you manage pain when you use them the right way. They can cause serious harm and even death. For these reasons, doctors are very careful about how they prescribe opioids. If opioids are used, your doctor will give you the lowest dose for the shortest possible time.

If you decide to take opioids, here are some things to remember.

- **Keep your doctor informed.** You can develop opioid use disorder. Moderate to severe opioid use disorder is sometimes called addiction. The risk is higher if you have a history of substance use. Your doctor will monitor you closely for signs of opioid use disorder and to figure out when you no longer need to take opioids.
- **Make a treatment plan.** The goal of your plan is to be able to function and do the things you need to do, even if you still have some pain. You might be able to manage your pain with other non-opioid options. These include cognitive behavioral therapy (CBT), physical therapy, relaxation, non-opioid prescription pain medicine, and over-the-counter medicines.
- **Be aware of the side effects.** Opioids can cause side effects, such as constipation, sleepiness, and nausea. And over time, you may need a higher dose to get pain relief. This is called tolerance. Your body also gets used to opioids. This is called physical dependence. If you suddenly stop taking them, you may have withdrawal symptoms. Serious risks of using opioids include overdose and death.
- **Know the risk factors for addiction.** Your risk for opioid use disorder is higher if you have a history of substance use disorder. Other things that increase the risk include being a teenager, being an older adult, having a history of mental illness, and taking high doses of opioid medicine.

The doctor carefully considered what pain medicine is right for you. You may not have received opioids if your doctor was concerned about drug interactions or your safety, or if your doctor had other concerns.

It is best to have one doctor or clinic treat your pain. This way they can find the treatment that will help you the most. And a doctor will be able to watch for any problems that the medicine might cause.

The doctor has checked you carefully, but problems can develop later. If you notice any problems or new symptoms, **get medical treatment right away**.

**Follow-up care is a key part of your treatment and safety.** Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

## How can you care for yourself at home?

If you need to take opioids to manage your pain, remember these safety tips.

- **Follow directions carefully.** It's easy to misuse opioids if you take a dose other than what's prescribed by your doctor. This can lead to accidental overdose and even death. Even sharing them with someone they weren't meant for is misuse.
- **Be cautious.** Opioids may affect your judgment and decision making. Do not drive or operate machinery while you take them. Talk with your doctor about when it is safe to drive.
- **Reduce the risk of drug interactions.** Opioids can be dangerous if you take them with alcohol or with certain drugs like sleeping pills and muscle relaxers. The combination can decrease your breathing rate and lead to overdose or death. Make sure your doctor knows about all the other medicines you take, including over-the-counter medicines. Don't start any new medicines before you talk to your doctor or pharmacist.
- **Safely store and dispose of opioids.** Store opioids in a safe and secure place. Make sure that pets, children, friends, and family can't get to them. When you're done using opioids, make sure to dispose of them safely and as quickly as possible. The U.S. Food and Drug Administration (FDA) recommends these disposal options.
    - The best option is to take your medicine to a drop-off box or take-back program that is authorized by the U.S. Drug Enforcement Administration (DEA).

    - If these programs aren't available in your area and your medicine doesn't have specific disposal instructions (such as flushing), you can throw them into your household trash if you follow the FDA's instructions. Visit fda.gov and search for "unused medicine disposal."
    - If you have opioid patches (used or unused), your options are to take them to a DEA-authorized site or flush them down the toilet. Do not throw them in the trash.
    - **Only** flush your medicine down the toilet if you can't get to a DEA-approved site or your medicine instructions state clearly to flush them.
- **Reduce the risk of overdose.** Opioids can be very dangerous. Protect yourself by asking your doctor about a naloxone rescue kit. It can help you—and even save your life—if you take too much of an opioid.

Try other ways to reduce pain.

- Relax, and reduce stress. Relaxation techniques such as deep breathing or meditation can help.
- Keep moving. Gentle, daily exercise can help reduce pain over the long run. Try low- or no-impact exercises such as walking, swimming, and stationary biking. Do stretches to stay flexible.
- Help yourself with healthy thinking through cognitive behavioral therapy (CBT). This type of therapy is used to help people think in a healthy way. It focuses on thought (cognitive) and action (behavioral).
- Try heat, cold packs, and massage.
- Get enough sleep. Pain can make you tired and drain your energy. Talk with your doctor if you have trouble sleeping because of pain.
- Think positive. Your thoughts can affect your pain level. Do things that you enjoy to distract yourself when you have pain instead of focusing on the pain. See a movie, read a book, listen to music, or spend time with a friend.

## When should you call for help?

**Call** anytime you think you may need emergency care. For example, call if:

- You have symptoms of a severe allergic reaction. These may include:
    - Sudden raised, red areas (hives) all over your body.
    - Swelling of the throat, mouth, lips, or tongue.
    - Trouble breathing.
    - Passing out (losing consciousness). Or you may feel very lightheaded or suddenly feel weak, confused, or restless.
- You have signs of an overdose. These include:
    - Slow, shallow, or stopped breathing.
    - Pinpoint pupils.
    - Blue or purple lips or fingertips.
    - No response when you ask questions, shake the person, or rub the person's breastbone with your knuckles.
    - Seizures.

If you have a naloxone rescue kit, use it after you call .

**Call your doctor now** or seek immediate medical care if:

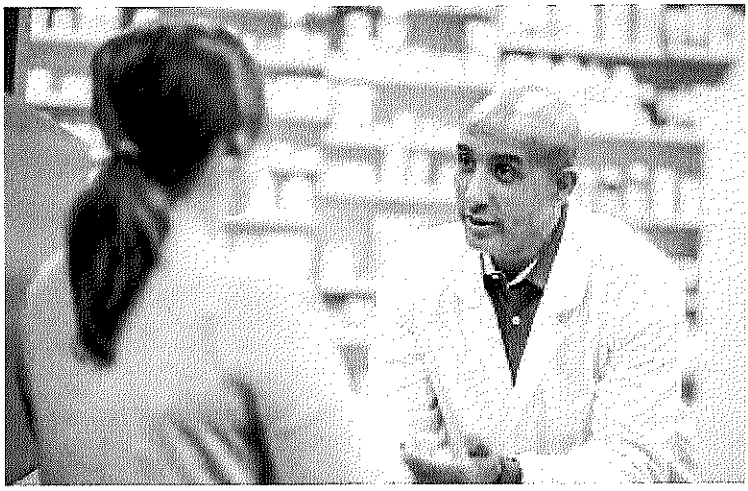
- You have symptoms of an allergic reaction, such as:
    - A rash or hives (raised, red areas on the skin).
    - Itching.
    - Swelling.
    - Belly pain, nausea, or vomiting.

Watch closely for changes in your health, and be sure to contact your doctor if:

- You think you might be taking too much pain medicine, and you need help to take less or stop.
- Your medicine is not helping with the pain.
- You are having side effects, such as constipation or trouble urinating.

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# Learning About Take-Home Naloxone Kits for Opioid Emergencies



## What is naloxone?

Naloxone is a medicine that reverses the effects of an opioid emergency. Opioids are strong pain medicines. Examples include hydrocodone, oxycodone, fentanyl, and morphine. Heroin is also an opioid.

Taking too much of an opioid can slow or stop your breathing. This is an emergency. If naloxone is given soon enough, it may save a life.

Naloxone comes in a rescue kit you can carry with you. You may hear it called a Narcan kit.

The rescue kit may contain:

- A nasal spray device that contains the medicine.
- The medicine along with syringes and needles.

Your doctor can give you a prescription for a rescue kit and show you how to use it. In some places you can get kits without a prescription.

## Who should have a naloxone kit?

Naloxone kits save lives. Keep one with you at all times if you or someone you know:

- Takes any opioids, whether prescribed to you or to someone else. This also includes heroin and methadone.
- Takes opioids with alcohol or medicines that make you sleepy, like benzodiazepines ("benzos," Xanax, Valium, or Klonopin).

- Uses cocaine, meth or other illegal drugs. They could be mixed with unknown amounts of opioids.
- Has a history of substance use.
- Has had an opioid emergency before.

If you accidentally take too much of an opioid, you may not be able to give yourself naloxone. Make sure that your family and friends know you have a kit. Tell them how and when to use it.

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### When is naloxone used?

Naloxone is used when a person shows signs of an opioid emergency. A person may have taken too much of an opioid if they have:

- Slow, shallow, or stopped breathing.
- Pinpoint pupils.
- Blue or purple lips or fingertips.
- No response when you ask questions, shake the person, or rub the person's breastbone with your knuckles.

Make sure your family and friends know about these signs of an opioid emergency.

**If someone appears to have taken too much of an opioid, call 911. This is an emergency.**

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### How is it used?

If you take too much of an opioid, you may not be able to give yourself the medicine. So it's very important that your friends and family know how and when to give it to you.

Rescue kits come with instructions. There are two ways to give the medicine:

- Nasal spray.
  - This is the simplest method.
  - The mist is sprayed into the nose of a person who is having an opioid emergency. The person should be lying down when the mist is sprayed.
- Injection with needle and syringe.
  - Follow the instructions very carefully.
  - The medicine can be injected through clothing.

Symptoms of an opioid emergency may return a few minutes after the first dose from the rescue kit. If that happens, a second dose is needed. Rescue kits may come with two doses for that reason.

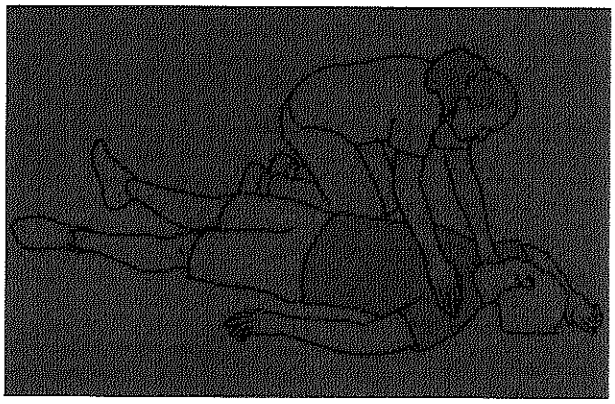
Keep your rescue kit with you always. You never know when someone might need it.

If you think you or someone else may be having an opioid emergency but you're not sure, use the kit anyway. Aside from going through withdrawal, which may be uncomfortable, there is no danger in using this medicine.

Go to the emergency room or call 911 right away. More treatment may be needed.

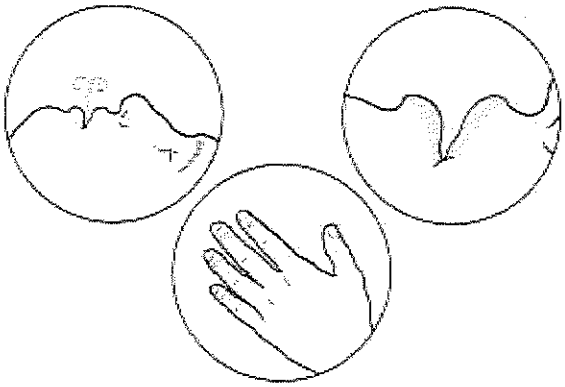
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## How do you give naloxone nasal spray?



***1. Check to see if the person is responsive.***

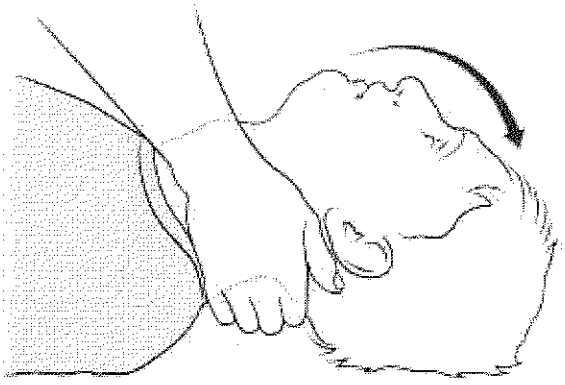
*Look for a response when you ask questions or shake the person.*



***2. Look for signs of an opioid emergency.***

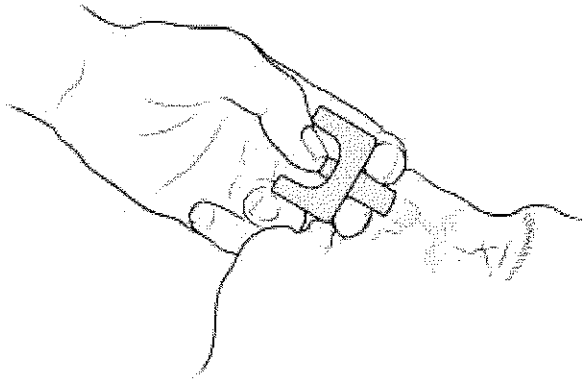
*These include:*

- Slow, shallow, or stopped breathing.
- Blue or grayish lips or fingertips.



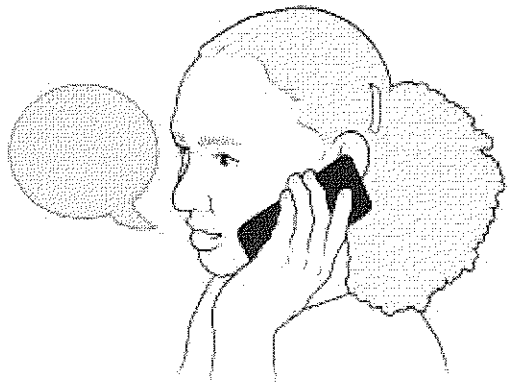
***3. Put the person on their back.***

*Tilt their head back.*



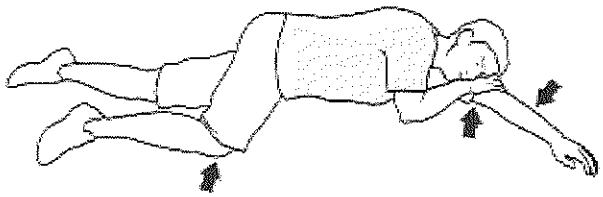
***4. Put the nasal spray tip in one nostril.***

*Push firmly on the plunger.*



***5. Call** 911, **or ask someone else to call.***

- Follow the 911 operator's directions.
- If the person doesn't respond after 2 to 3 minutes, give another dose in the other nostril.
- Naloxone spray can't be reused. A new nasal spray is needed for a second dose.



***6. Reposition the person, and wait for help.***

- When the person starts breathing, lay them on their left side with their right knee bent and the left arm above their head.
- Put their right hand under their head to support it.
- Stay with the person until help arrives.