

# **Kelowna Bone and Joint Health Hip and Knee Post-operative Pain Control Information.**

Pain after joint replacement surgery is common and expected. Knee replacements are typically much more painful than hips. Knees also require early, aggressive stretching to avoid stiffness. Adequate pain control is essential to optimise outcomes and avoid unnecessary suffering. The following is a guide for patients to manage pain.

Note: all individuals will have differing needs for pain control and different tolerances for certain medications. Your treating surgeon should discuss the pain control plan with you before and after surgery and this guide should not be given priority over any instruction given to you by your surgeon or any other doctor. If you have known allergies or intolerances to any suggested medications, do not take them.

The best approach to pain control after surgery is multi-modal medication routines combined with other non-pharmaceutical approaches to pain and swelling control. Medications with different mechanisms of action can be combined to get an additive, synergistic, effect for best results. These prescribed and over the counter medications can usually be taken together or slightly staggered depending on their dosing intervals. The following is a discussion of the common medications/modalities used.

- 1.) Tylenol (Acetaminophen) – although not usually enough on its own, this medication works at the brain level to reduce pain. It's favorable side effect profile makes it a good one to always have on board. Dose is 1 gram orally every four hours, with a maximum of 4 grams per day.
- 2.) Non-steroidal Anti-inflammatory drugs (NSAID's) – are an excellent pain killer and swelling reducer that work at the site of the surgery. Common examples include Aspirin, Ibuprofen (Motrin, Advil), Naproxen (Aleve), Voltaren or Celebrex. You should use these as directed and be cautious if you have a history of GI bleeding or ulcers. Prolonged use can cause and increase in blood pressure or kidney issues, but short-term use is typically safe.
- 3.) Opioid Narcotics – include hydromorphone (Dilaudid), oxycodone (Percocet), and Morphine. Tylenol #3 (with codeine) is also a narcotic, and the codeine component is converted into Morphine by your liver. 15% of the population does not have the enzyme in their liver to convert the codeine into morphine and thus the effectiveness is greatly reduced in those patients. Common side effects include dizziness, nausea/vomiting,

hallucinations, and constipation. These are best taken with laxatives or stool softeners. You should not be driving or operating machinery on opioids.

- 4.) Atypical opioids-namely Tramadol or Tramacet (Tramadol with acetaminophen). This is often used as an alternate for those who cannot tolerate common opioids listed above. It can have similar side effects but is not usually constipating. It can be effective for some and not effective for others. It should be avoided if you are taking anti-depressant medications.
- 5.) Cold therapy – the simplest type is an ice pack or a bag of frozen vegetables. It may be more convenient to rent or buy a cooling sleeve and ice thermos (Cryo-cuff) that pumps the cold water in. Newer units incorporate gentle massage along with cooling and are favored by many patients. Rental and/or purchase of cooling units can expensive, but often covered by extended health plans. Icing can be done for 20 minutes every hour.
- 6.) Mindfulness – whatever you can do to remain calm and reduce anxiety can be helpful. Remember that pain is normal and expected and is not to be feared. It's your bodies way of telling you that you have been injured and to protect the limb. Being overly focused on your pain is not helpful. Meditation, deep breathing and focusing your thoughts elsewhere can help. Patients who become overly pain focused often have poor outcomes. There are many free online stress reduction sites/U-tube videos that you can access if you search "post-surgical mindfulness".

Knowing where to turn when your pain is not properly controlled is important. Sometimes you just need a medication or dosage adjustment to optimize results. In some cases, pain crisis events can occur late at night, when there are limited places to turn for advice. If your pain seems out of control, consider the following.

- 1.) Am I using all the available modalities discussed above at full prescribed dosages?
- 2.) If so, next step is to call your surgeon's office during business hours. Surgeons are often in different locations outside of the office, so they are not always promptly available to give advice.
- 3.) Next step may be to get help from your family doctor or a walk-in clinic/urgent care center.
- 4.) After regular office hours, the only options may be an urgent care center with extended hours, or the emergency department. There is always an on call orthopedic surgeon in town 24/7 that those centers can contact if an urgent issue arises. Having a plan before hand can avoid the frustrating delays encountered trying to access after hour care.