

POSTOP PAIN CONTROL INSTRUCTIONS

1. Ice – Ice controls swelling and discomfort by reducing inflammation at the surgical site. It can reduce your need for oral medications. Place crushed ice over your operative site for 20 minutes, four times a day. You can also substitute frozen vegetables, or semi-frozen liquids (water with alcohol or water with dish washing soap).
2. Pain Medication – You were given a narcotic or tramadol prescription. These should be taken only as often as necessary and not more than prescribed. Do not take pain medication with alcohol, sleep aids, or other sedatives. Narcotics can cause constipation, which may become quite severe; you should take a stool softener regularly, and may want to take a laxative as well. These are available over the counter. Narcotics can cause nausea, and should be taken with food. In general, you should plan on gradually weaning yourself from narcotics as soon as symptoms allow, by taking them in smaller doses or less often. Many pain medications contain Tylenol/acetaminophen. Please ensure that your total Tylenol/acetaminophen intake from any source is less than 3,000mg per day. You should not use Tylenol products if you have liver failure.
3. Anti-inflammatories (NSAID's)—You may be given a prescription for Toradol (ketorolac) or other NSAID's (Ibuprofen, Motrin, Naproxen, Aleve, or Celebrex, for example). Sometimes you will be asked to simply obtain NSAID's over the counter. Do not take NSAID's if you are on any blood thinners except aspirin, if you have reduced kidney function or kidney failure, if you currently have a stomach ulcer or have a history of stomach ulcer from taking NSAID's, or have allergies to NSAID's. NSAID's will be prescribed for 5 days or less, and then should be taken sparingly after that. Please refer to your surgical facility discharge instructions for specifics.
4. Nerve block—For some surgeries, the anesthesiologist will provide you with a nerve block (you would have consented to this prior to surgery). These can last 6-12 hours on average. Start taking your pain medication before, or at, the first sign that the block is resolving (return of tingling or sensation in the operative limb or area). Once they starting resolving, blocks wear off quickly, and if you do not have pain medication circulating, it can be hard to get the pain back under control. If you did not receive a nerve block, you probably received some local anesthetic directly in the operative area. This will wear off more quickly than the nerve block. In this case, pain medication should also be taken prior to the local anesthetic dissipating.
5. Elevation and activity—Elevating the operative part will help reduce swelling and therefore reduce pain. A certain amount of activity and motion can facilitate healing as well. The amount of allowed postoperative exercise, motion, and weight bearing is very dependent on the actual procedure. Restrictions and recommendations are provided at the time of discharge from the surgical facility.

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