

## **Sports Medicine and Shoulder/Elbow Pain Medicine Guidelines for Patients**

Your surgeon appreciates that your surgery can be painful and cause you significant discomfort as you start on the road to recovery. We try to balance this knowledge with a healthy respect for how addictive and dangerous some prescription pain medicines can be. Several researchers in the University of Utah Orthopaedic Trauma section have been working on these issues for over ten years now and have published extensively on the topic. Opiate (the active ingredient in hydrocodone, hydromorphone, oxycodone, oxycontin) overdose kills 42,000 Americans per year; and of the individuals in opiate addiction rehabilitation, 92% report that they started abusing opiates with a medicine prescribed to them by a doctor or medical professional.

We encourage patients to use their prescription as needed early in the post-operative period. However, it is best to try to taper opiate use as soon as possible. Perhaps, try not using any during the day when pain is better tolerated and only use at night as needed.

We cannot eliminate all of the pain that comes from your surgery, but our goal is to SAFELY keep you as COMFORTABLE as we can.

Our experience treating patients leads us to observe that usually two weeks, or a maximum of three weeks, is the longest duration for safe use of opiate pain medicine for the treatment of post-surgical pain. Beyond narcotics, we have a number of powerful prescription and non-prescription options to help relieve pain from your surgery.

Many studies have proven the power and effectiveness of the following non-prescription pain medicines and we recommend:

- Acetaminophen 650mg every six hours for those that do not have liver problems
- Ibuprofen up to 800mg every eight hours for those that do not have stomach ulcers or problems with bleeding
- Lyrica or Gabapentin may be used as well in approved cases

\* Be aware that medications, such as Percocet or Norco, contain between 325mg-500mg of acetaminophen per pill, so be sure to check your prescriptions so you do not consume more than 3000mg of Acetaminophen per day.

We realize that your injuries are significant and can cause you pain. While recovery completely free of discomfort is not attainable, we aim to work with you to keep you comfortable and safe. Together, hopefully we can maximize the level of your functional recovery and speed your return to your regular life.

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**Doctors:** Aoki, Burks, Chalmers, Greis, Maak, Tashjian

### **Pain Management Expectations:**

- Allow 1-2 business days for any refills or prescription requests
- Hours of Operation: Monday – Friday, 8am – 4pm
- Send us a MyChart message or call us [\(801\) 587-7109](tel:8015877109) before you run out

**Understanding Your Pain:**

Pain is real. So is addiction. The CDC reports that overdose death from prescription opioids has more than quadrupled since 1999. While these medications may have a place in post-operative pain management, they must always be taken as prescribed and weaned off of as soon as possible. It is important for patients to understand their pain and understand that the goal is not to be pain-free in the weeks after surgery, but to have pain that is manageable and tolerable.

**Pain Management:**

After most surgeries, you will be prescribed narcotic pain medication. Lortab, Norco, Hydrocodone, Percocet an Oxycodone are common narcotic pain medications and should only be taken as prescribed. If you are prescribed one of these medications, it should be taken as prescribed and weaned off of as soon as you are able. You should not take narcotic pain medication unless you have severe pain not controlled by Tylenol, anti-inflammatories and ice. You should reduce your use of narcotics as soon as your pain allows. Ice, rest, and elevation can help manage the pain and reduce the need for strong pain medication.