Orthopaedic Opioid Pain Medication Strategy

Department of Orthopaedics would like to better your understanding of opioid pain medication. Opioids are narcotics we **temporarily** prescribe for severe levels of pain. They are related to **morphine & heroin**. Opioids can relieve pain after injury or surgery, but also have serious side effects. They can make you drowsy, nauseated, constipated & itchy. They are addictive & can kill you if not taken properly. Please read the following with care. We want you to be comfortable and safe. If something is not clear or you have questions, we're here to help.

- Some commonly prescribed opioids include:
  - Oxycodone, Percocet (oxycodone & acetaminophen)
  - Dilaudid (hydromorphone)
  - Vicodin/Norco (hydrocodone)
  - Fentanyl Patch
- Only **ONE** provider can manage opioid use.
- We will not prescribe you opioids if another provider already is. We will work with your other doctors.
- Our patients who are prescribed opioids are expected to wean off within a specific time period that will be determined by your surgeon.
- Patients on suboxone, methadone, or daily opioids get opioids from their primary care physician, or will be referred to a pain clinic for further management.
- Our providers do not prescribe long-acting opioids.
- Our providers do not treat chronic pain.
- All refill requests called in on opioids need to be made by **12pm on Thursday** of each week.
- We do check statewide databases prior to prescribing opioid pain medication
- We encourage our patients to use of Tylenol, or NSAIDs (ibuprofen/Advil/Motrin/naproxen/Aleve), or both instead of opioids.
- We encourage our patients to use as little opioid medication as possible.
- Peace of mind is the best pain reliever. Tell us if you feel scared, uncertain, or hopeless. We will support you.

*For more information on opioids please visit The American Academy of Orthopaedic Surgery's website by scanning this QR code with your smart phone

Orthopedic Foot and Ankle Service Opioid Strategy

For our patients' wellbeing and because of ever tightening regulations and oversight, the Foot and Ankle Service has adopted the following strategy for the treatment of post-operative or post-injury pain management.

1. Each patient receives opioid pain medications from a single provider.
2. For patients on suboxone or long-term opioids, their primary care doctors should be that single provider.
3. New patients with non-acute problems are not prescribed opioids.
4. Check statewide databases before prescribing opioids, during the preoperative visit, if possible.
5. The provider will discuss postoperative pain expectations, management, and policies with all preoperative patients during the preoperative patient visit, and screen for any history of narcotic use or abuse.
6. Discuss methods to dispose of unused opioids with patients. The main lobby of our hospital has a disposal unit, as do most police departments.
7. We provide a set amount of opioids for pain after injury or surgery.
8. All refill requests called in on opioids need to be made by 12pm on Thursday of each week.
9. Orthopaedic surgeons do not give opioids for chronic pain.
10. Use of extended-release opioids for post-operative pain is generally "off-label" (unapproved) and discouraged except in approved research protocols.
11. Goals for type and amount of opioid medication
    a. After fracture, laceration, other injuries seen in the office setting
        i. Most fractures, lacerations, and other injuries that are managed without surgery are treated with non-opioid pain medication (e.g. ibuprofen, acetaminophen), splints, ice, elevation, and reassurance.
        ii. The pain from very unstable or complex fractures is occasionally managed with opioid pain medication prior to surgery. The opioid of choice prior to surgery is Norco.
    b. After minor procedures: simple ankle arthroscopy, toe amputation, single hammer toe correction
        i. A single prescription for 10 pills of 5mg hydrocodone/325 mg acetaminophen (brand name Norco).
        ii. Expectation: Most patients will either not fill the prescription (and will take an over-the-counter pain reliever such as acetaminophen and/or Ibuprofen alone) or will only take 1-2 Norco pills.
        iii. Expectation: Patients will use as little Norco as possible after surgery.
        iv. Patients with more pain than expected will be evaluated in the office.

c. Moderate procedures: forefoot reconstruction (hallux valgus correction, multiple hammertoe correction, metatarsal osteotomy), midfoot fusion, open ligament or tendon repair/reconstruction, simple ankle or foot fracture ORIF
    i. A single prescription for 30-40 pills of 5mg oxycodone 1-2 tabs q 4-6 hours, with instruction to wean off after postoperative day 2-3.
    ii. An additional prescription for 20 pills of Norco can also be given and dated for POD#3, available if the patient needs more before their follow-up.
    iii. The final prescription, if needed, will be for Norco.
    iv. Add Tylenol 650mg q6 for first 24-48 hours unless contraindicated due to health reasons
    v. Ibuprofen 600mg every 6-8 hours can be added to patients with non-bony procedures who do not have prohibitive health risks.
    vi. Expectation: Patients will be off all opioid pain medication within 1-2 weeks of surgery.
    vii. Patients with more pain than expected will be evaluated in the office.
d. Large procedures: ankle/subtalar/triple arthrodesis, ankle osteotomy, TAA, ORIF complicated fracture (fracture/dislocation midfoot or ankle, pilon, trimall, calcaneus, talus)
    i. A single prescription for 40 to 50 pills of 5mg oxycodone taken 1-2 tabs q 4-6 hours, with instruction to wean off after postoperative day 3-4.
    ii. An additional prescription for 20 pills of Norco can also be given and dated for POD#3, available if the patient needs more before their follow-up.
    iii. The final prescription, if needed, will be for Norco.
    iv. Add Tylenol 650mg q6 for first 24-48 hours unless contraindicated due to health reasons
    v. Expectation: Patients will be off all opioid pain medication within 2-3 weeks of surgery.
    vi. Patients with more pain than expected will be evaluated in the office.

For all surgical patients of the Orthopedic Foot & Ankle Service:

Please read the enclosed material to inform you about the recovery process. This reading material was designed to answer some of the more frequently asked questions before and after a foot or ankle surgery.

We want to help your post-operative phase go as smoothly as possible. You can contact our office directly with any questions or concerns. We are open 8am-4:30pm, Monday through Friday. If you contact the office after office hours, or on the weekend, call the main office number @ XXX to speak to the answering service and have one of the doctors paged. If this is a medical emergency, please call 911 or report to the nearest emergency department.

Sincerely,

Orthopaedic Foot & Ankle Service

Post-Operative Instructions

1. **Bandages:** You have either a hard splint or thick bandage with gauze and an ace wrap on the foot/ankle. This needs to stay clean and dry.
    a. **Please do not remove or change the bandage.**
    b. You have been provided with a **shower bag** in order to keep your splint/cast dry. ***Do not get this splint/cast wet***. If you feel that this may have become wet, please notify us immediately
    c. If your bandage feels too tight or too loose, please contact the office and speak to our staff. If at any time, your splint/cast becomes wet or is too loose or is too tight, please call us immediately. We will direct you to come into the office to have the splint/cast changed.

2. **Elevation:** Please keep your operative leg elevated above the level of your heart for at least 80% of the time while at home for the first 5-7 days. This will not only help decrease swelling, but will help alleviate post-operative pain. It is normal for the foot/ankle to hurt more when in the dependent position (foot resting low or on the floor). After the first week, the foot will tolerate longer periods of being down, but continue to elevate at least 50% of the time to continue to reduce swelling allow for healing.

3. **Nerve Block:** If you had a nerve block, you will feel numb for 8-36 hours after surgery. The length of time the block is effective varies patient to patient. Please take the prescribed pain medication as soon as you start feeling pain/tingling sensation in your foot to allow the medication to take effect before the pain increases. The nurses in the recovery room after surgery will discuss this with you as well on the day of surgery.

4. **Bleeding:** "Spot" bleeding through your surgical dressing is normal. Elevate your foot to heart level. If the bleeding 'soaks" the dressing, or does not seem to be stopping after elevation, please contact our office at: XXXX. If this occurs on the weekend or after office hours, call the main office number @ XXXX to speak to the answering service and have the doctor paged.

5. **Weight Bearing:** Please do not bear weight on your operative leg until specifically told to do so. You will be provided with crutches to help with ambulation. If you have a rolling knee scooter, please speak with your surgeon for instructions as to when you may begin to use it. Your pre-operative packet contains material to help keep you safe while using these assistive devices.

6. **Medications:**
    a. **Preop medications**: Please resume all of your previous medications after your surgery, unless otherwise directed by your physician.
    b. **Opioids:** Opioids, or narcotic pain medication, may be prescribed. Please take only for severe pain and plan to taper off the medication as soon as the severe pain is gone. These medications have many bad side effects

such as dependence, nausea and vomiting, respiratory depression, constipation, and overdose that can lead to death. You should not drive or drink alcohol while on these medications or be on them long term.

c. **NSAIDs:** Non-Steroidal Anti-Inflammatory Drugs (NSAIDS) include medication such as Ibuprofen, Advil, Motrin, and Alleve. Depending on the type of surgery you have, you may be instructed to take NSAIDs as part of your postop pain management. If you have a history of ulcers or have been otherwise instructed by your primary care provider to avoid NSAIDs, please do not take them.
d. **Blood Clot prevention:** While the risk of a blood clot is very low in this type of surgery, you may be prescribed a medication to decrease your risk. You can expect to discuss this with your surgeon preoperatively.
e. **Nausea/Vomiting:** An antiemetic, or medication that helps manage postop nausea, may be prescribed. Take as directed if needed. If the medication is not working, please contact our office to discuss.
f. **Constipation:** A stool softener may be given to treat constipation, a known side-effect of opioid medication.
g. **Acetaminophen:** (Tylenol) is a very effective pain reliever and may be taken as directed on the packaging as long as you are not taking another medication with acetaminophen in it (vicodin, Tylenol with codeine, etc.)
h. **Antibiotics:** In certain case we have prescribed antibiotics. Please take them as directed and finish the entire course.

7. **Refills:** Please call XXXX, with any medical questions or for prescription refills. Only in special circumstances will narcotic pain medication prescriptions be refilled after the initial postoperative prescriptions have run out. These medications require an original prescription as pharmacies do not accept faxes or call-ins for these refills. Please plan to pick up refill prescriptions at one of our offices in Boston or request that the prescription be mailed to you at least 2-3 days prior to needing it. Please give us 24 hours to complete the refill. **We cannot accept medication refills on Friday.**

8. **Postoperative Visits:** You will return to our office at post-op week #2, and week #6, unless otherwise directed by XXX secretary, XXX. You should already have these dates booked with us. If not, please call XXX and speak to XXX for these dates. Please do not miss these appointments, as they are specifically made to monitor your recovery process.

9. **Driving:** Please do not drive after surgery until you have been cleared by your surgeon.

Pain After Surgery – What to Expect

You should expect some degree of pain after surgery – this is normal! Our goal is to make you as comfortable as possible in the safest manner possible. While medications can take away much of the pain, they will not make you pain-free. Most patients experience the worst pain the day after surgery, and then the pain reliably becomes less and less over the next few days.

Narcotic or opioid pain medication such as oxycodone, vicodin or norco, and codeine may have been prescribed. The typical patient only takes these medications for 2-3 days after surgery, even if the surgery is major. Studies have shown that patients who take more pain medication after surgery are not more satisfied with their pain control. These medications are not designed to take away all of the pain.

We may give you a second prescription that can be filled three days after the surgery if you need additional days of pain medication. Most patients do not need to fill this second prescription as their initial postop pain is largely gone by day two or three after surgery.

Opioid medications are intended for use for a very short time postoperatively. They have many side effects, and some that are quite dangerous. Opioids are highly addictive, even when used after surgery, and not designed for long-term use. They can cause drowsiness and mental status changes and at high doses can slow or even stop your breathing. They cause nausea, vomiting, and constipation as well. Never drive or drink alcohol while taking these medications.

You do not have to fill the entire prescription given to you by your doctor. You can request a partial fill at the pharmacy, but will need a new prescription if you require more medication.

If you have any remaining pain medication, please do not keep it in your home. You should take it to a dropbox at your local police station or hospital. Our hospital has one in the front lobby.

If you are not tolerating the pain medication or if you feel the pain is out of control, please call our office to discuss this with the nurse practitioner during office hours or call the answering service at the main number (XXX) after hours to reach a doctor.

Please alert your surgeon if you have a personal history or family history of drug or alcohol dependence. In this scenario we can outline a safe and effective strategy to manage your pain postoperatively to decrease any risk of substance abuse or relapse. If you feel you are becoming dependent on the opioid medication, please reach out to your surgeon immediately. We will help any patient in this situation get the help they need.