

2019 Johns Hopkins Hospital Department of Plastic Surgery Guidelines for Pain Medication Management

Our goal is to provide the best possible care. Patients should make *informed* decisions. Please review our document on pain medication management. Talk with your provider to make sure all of your questions are answered.

What to Expect from Pain Management

The amount of pain you feel has to be balanced with your safety when taking pain medications. This balance means you may not be *completely* pain-free. It is important to determine the level of pain that you can tolerate. In the early phase of pain management a pain level of zero may not be possible.

Additionally:

- Your surgeon will not prescribe medications for *chronic* pain.
- Your surgeon will prescribe medication for *acute* pain related to surgery or the injury you are being treated for.
- If you are engaged in a pain management contract with another team (PCP, pain management, etc.) it is your responsibility to share this with your Plastic Surgery Team. Failure to do so may be considered fraud, and could violate your contract with your pain management physician.

Measuring Pain

A pain scale helps you rate your pain. On the scale, 0 is no pain and 10 is the worst pain possible. This scale is not used to compare your pain with another person's pain. The scale measures how your pain is evolving. Tell your health care provider if medicines do not decrease the pain. Be sure to tell your provider if the pain suddenly increases or changes.

Understanding Pain

Severe post-operative/post injury pain may require narcotics. This kind of pain will usually decrease 2-3 days after surgery or injury. It is often gone within 10-14 days. The need for post-operative narcotics longer than this period may mean you need more direct or specific treatment. We never want to mask or cover up underlying problems.

Narcotics are known to block your body and brain's ability to manage the pain on your own. Narcotics are proven to be habit forming. Dependency on pain medication can start in as little as 1-2 weeks after beginning their use. Our goal is to decrease the risk for this to happen.

How can I help manage my pain?

- **Stay ahead of the pain**—Getting ahead of the pain means not waiting until your pain is *severe* before taking your medication. If you wait until your pain is severe or increasing, it will be more difficult to control.
- **Get enough sleep**—Sleep improves your ability to cope with pain, speeds healing, and can actually reduce pain. The trick is to calm your pain enough to sleep well.
- **Increase physical activity**—Slowly increase your physical activity. You may feel better when you are active but may not feel good a few hours later. Follow the guidelines of your surgeon.
- **Change positions**—Sitting or lying in one place for too long can lead to more pain.
- **Brace your surgery site**—Bracing means holding your surgery site when you do anything that can cause stress on the site. This can include standing up, sneezing and/or coughing.
- **Stress**—Try to avoid situations, even people, who tend to increase your stress level.
- **Medication-Free Interventions**—There are many alternative therapies available for pain management. Relaxation methods like deep breathing, stretching, massage, aromatherapy, and other therapies can successfully calm pain. These techniques can be used with pain medications for improved results.

After Surgery

Narcotics will be prescribed for a period up to 10-14 days post-surgery. There are exceptions, decided on a case by case basis. Your Plastic Surgery Team will need to see you in person for clinical evaluation before narcotic prescriptions can be renewed. Remember, if you are on long-term narcotics prescribed to you by a pain management provider or PCP, you will need to receive your post-operative pain medication from that provider. If you have concerns about these long term narcotics, please discuss this with us prior to your surgery.

Refills

- We are unable to refill narcotic prescriptions after 5:00 PM on weekdays or during the weekend.
- After 5:00 PM on weekdays or over the weekend, if you experience *severe* pain go to your local Emergency Department for evaluation.
- If you are concerned about running out of your prescribed medications, please phone us at least one business day before your anticipated last dose. This gives your provider time to complete your request. You can call 443-997-9466 and ask to speak to a member of the Plastic surgery team during regular business hours.

Medications to Control Pain

Medicines can help block pain, decrease inflammation, and treat related problems. More than one medication may be used to treat your pain. Medication regimens may change as you feel better, or may need to be changed due to side effects. It is always a good idea to ask your provider about potential side effects.

| MEDICINES | WHAT THEY DO | POSSIBLE SIDE EFFECTS |
|---|--|--|
| <p>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</p> <p><i>Aspirin</i></p> <p><i>Acetaminophen</i></p> | <ul style="list-style-type: none"> Reduce pain chemicals at the site of pain. NSAIDs can reduce joint and soft tissue inflammation. | <ul style="list-style-type: none"> Nausea Stomach pain Ulcers Indigestion Bleeding Kidney/Liver problems Certain NSAIDs may increase cardiovascular risk in some patients. <p><i>Talk with your health care provider.</i></p> |
| <p>Opioids*</p> <p><i>(Morphine, Oxycodone, and similar medicines often called "Narcotics")</i></p> | <ul style="list-style-type: none"> Reduce feelings/perception of pain. Used for moderate to severe pain. | <ul style="list-style-type: none"> Nausea Vomiting Itching Drowsiness Constipation Slowed breathing Addiction |
| <p>Other medicines</p> <p><i>(corticosteroids, anti-nausea, anti-depressant, and anti-seizure medicines)</i></p> | <ul style="list-style-type: none"> Reduce swelling, burning or tingling pain. Limit certain side effects of pain medicines, like nausea or vomiting. | <p><i>Your health care provider will explain the possible side effects of these medicines.</i></p> |
| <p>Anesthetics</p> <p><i>(include lidocaine, benzocaine, and medicines used by anesthesiologists)</i></p> | <ul style="list-style-type: none"> Stop pain signals from reaching the brain by blocking feeling in the treated area. | <ul style="list-style-type: none"> Nausea Low blood pressure Fever Slowed breathing Fainting Seizures Heart attack |

***Opioids = Narcotics.** Examples include: Oxycodone (Oxycontin, Percocet), Codeine, Hydrocodone (Vicodin), Hydromorphone (Dilaudid) etc. **Opioids have many known side effects** including: drowsiness, dizziness, respiratory depression, constipation, euphoria, agitation, lowered blood pressure and heart rate, nausea, vomiting, pupil constriction, sexual dysfunction, urinary retention, non-allergic itching. **Opioids have many known complications** including: delayed bone healing with prolonged use, decrease in testosterone and libido, constipation, respiratory/breathing difficulty, increased dependence, sedation, worsening pain, even death.

Sample Pain Management Plan

Multimodal pain management is proven effective in providing comfort and minimizing risk after surgery.

We recommend several strategies, including:

- Rest**—Respect post-operative activity restrictions to avoid pain.
- Non-opioid Pain Medication**—Acetaminophen (Tylenol), Ibuprofen (Motrin, Advil), Aspirin, Mobic, Celebrex, Naproxen (Aleve, Naprosyn)
- Complementary Therapies**—Physical therapy, Occupational therapy, Acupuncture, Massage, Behavioral and Cognitive therapy, Nerve blocks, Injections
- Opioid Pain Medication**—Notice this is *last* on the list, to signify its use as a “rescue” medication for breakthrough pain.

Sample Pain Medication Plan

Acetaminophen (Tylenol) 650mg - 1000 mg every 6 hours

NOT to exceed 4000 mg / 4 g in a 24 hour period as it can damage the liver.

Ibuprofen 600 mg every 6 hours (may use alternative NSAID if preferred)

Alternate Tylenol and Ibuprofen.

For example, take a dose of Tylenol at 12:00, Ibuprofen at 3:00, and Tylenol again at 6:00, Ibuprofen again at 9:00, etc.

If the above medications do not relieve your pain to a level you can tolerate, add **Oxycodone** 5 mg (or alternate narcotic as prescribed) to help relieve **severe, breakthrough pain only**. Consider taking this medication only on an as needed basis, no sooner than 4-6 hours between doses.

It is likely you will be able to discontinue narcotic pain medications by day 3 post-operatively, or even earlier if possible. If you are unable to decrease or stop taking the narcotic medication within 3-7 days following surgery, please call the office. You may need to be seen at an earlier clinic appointment for evaluation and education about an appropriate tapering schedule. Remember, refills must be provided in person during regular business hours and cannot be done over the phone or on weekends. We cannot guarantee a provider will be available to write a prescription if you arrive at the office without advanced notice.

FAST FACTS

Opioids were involved in 47,600 deaths in 2017.

Opioid overdose deaths were six times higher in 2017 than in 1999.

Fact Facts provided by the Centers for Disease Control and Prevention

Special Considerations for Acetaminophen, Nonsteroidal anti-inflammatory drugs (NSAIDs), and Gabapentin: follow directions written on each bottle or medication insert.

1. Acetaminophen: maximum dose 4000 mg / 24 hours. It is contraindicated with liver disease or elevated liver function tests (LFTs), Interacts with warfarin (Coumadin).
2. NSAIDs: should not be used in patients with bleeding risks, stomach ulcers, and chronic kidney disease. Diabetic patients may experience decreased sugar (glucose) levels.
3. Gabapentin: dose many need to be changed in patients with chronic kidney disease, may cause drowsiness. Avoid use if you need to drive or operate heavy machinery.

Side Effects of NSAIDS can include: gas, feeling bloated, heartburn, stomach pain, nausea vomiting, diarrhea, constipation, dizziness, high blood pressure, increased risk of bleeding, increased risk of cardiovascular disease

If after the expected time frame, your pain remains uncontrolled, we can help facilitate referral to a pain management specialist. If you are already followed by a pain management specialist, please let us know so we can coordinate your care with them.

Naloxone (Narcan): Narcan is a Food and Drug Administration (FDA) -approved medication that can potentially save a person's life when administered during a narcotic overdose. Narcan can reverse the effects of opioids, such as stopped or slowed breathing. It can be prescribed as a nasal spray or an injection. This medication is typically prescribed when the patient is discharged on a narcotic medication, discharged on a high dose of narcotic pain medication, taking other medications which enhance narcotic complications or have underlying health conditions.

Discontinuing Opioids

Narcotics/opioids prescriptions will be refused for the following reasons:

1. Getting prescriptions from multiple providers.
2. Not using the medication as prescribed.
3. Concurrent use of other illicit substances.

Disposal of Excess Opioids

The best way to dispose of unused medication is through a drop off program. Accidental exposure to these medicines could be harmful or sometimes deadly, even in a single dose, if they are used by someone other than the person the medicine was prescribed for.

1- Drop Off Locations:

Johns Hopkins Bayview Outpatient Pharmacy
4940 Eastern Ave, 1st floor, Baltimore MD
410-550-0961

Johns Hopkins Hospital Arcade Outpatient Pharmacy
1800 Orleans Street M2125, Baltimore MD 21287

Johns Hopkins Outpatient Center Pharmacy
601 N Caroline Street, Suite 1006, Baltimore MD 21287
410-955-3733

Johns Hopkins Monument Street Outpatient Pharmacy
1810 East Monument Street, Baltimore MD 21205
410-502-573

Johnson Family Pharmacy (about 30 minutes North East of JHBMC)
119 W Bel Air Ave, Aberdeen MD
410-297-9400

Brookville Pharmacy (about 55 minutes South West of JHBMC)
5454 Wisconsin Ave, Suite 400, Chevy Chase MD
301-718-0900

Clayton's Pharmacy (about 1 hour 45 minutes South East of JHBMC)
404B Washington St, Cambridge MD
410-221-6400

Voshell's Pharmacy (20 minutes West of JHBMC)
(Does NOT include any injections or liquids)
3455 Wilckens Ave, Baltimore MD
410-644-8400

2- Other Disposal: Many local police departments also participate in a take-back or disposal program. For more information, contact your local police department or visit the FDA drug disposal website.

<https://www.fda.gov/Drugs/ResourcesForYou/default.htm>

<http://rxdrugdropbox.org/>