

Postoperative Multimodal Pain Protocol

In an effort to provide the best possible care for our patients, we have performed multiple investigations into the optimal perioperative and postoperative pain medication protocols. We have found many alternatives that work as good or better than narcotics and with fewer side effects. We recommend the following regimen:

1. **Tylenol 1000 mg** by mouth scheduled every 8 hours for at least one week, and then until your pain is under adequate control
2. **Diclofenac 50 or 75 mg** by mouth scheduled every 12 hours for two weeks for inflammation, and then as needed until your pain is under adequate control (*take only if prescribed or instructed to by Dr. Lamplot*)
3. **Medrol Dosepak**. Take as directed on package. Start the day after surgery. Do not take Diclofenac while on Medrol. Start Diclofenac the day after finishing the Medrol Dosepak.
4. **Omeprazole (Prilosec OTC) 20 mg** by mouth daily as needed to protect your stomach while on Naproxen (*take only if also taking Naproxen*)
5. **Ondansetron (Zofran) 4 mg** by mouth every 8 hours as needed for nausea
6. **Senokot-S** by mouth twice daily as needed for constipation
7. **Ultram (Tramadol) 50 mg** by mouth every 4-6 hours as the first line of pain control that is not controlled by Tylenol (and Naproxen if instructed). This is a narcotic that should be weaned off as soon as possible.
8. **Oxycodone 5 mg** by mouth every 4-6 hours as the last modality to be used to control pain not controlled by 1-7 above. This is a narcotic that is dangerous for your health, addictive, and should be weaned off as soon as possible.