

PATIENT NOTES FOR POST OPERATIVE PAIN CONTROL

If you have received treatment today, your Doctor may have given to you written prescriptions and "over the counter" analgesic packets. Patients often wonder if they need to take the medications, and what exactly are their directions. Here are some general rules:

To control pain:

Follow a "stepped approach" for pain management--

Step 1:

Ibuprofen (ie Advil, Motrin) 400-800 mg doses 3 to 4 times a day.
Maximum ibuprofen dosage for an adult is 3200mg/day.

- and/or-

Acetaminophen (ie Tylenol, APAP) 500-1000mg 4 times a day.
Maximum acetaminophen dosage for an adult is 4000mg per day.

Step 2:

Hydrocodone 5-10mg/325-500mg APAP 1-2 tabs every 4 hrs PRN

-or-

Oxycodone 5-10mg/325-500mg APAP 1-2 tabs every 4 hrs PRN

-or-

Tramadol 50mg 1 or 2 tabs every 4 hours PRN

Important notes:

-The step 1 regimens generally are adequate for mild and most cases of moderate post operative dental pain. They should be taken "around the clock" not PRN (as needed) for at least a day or two. This regimen should be taken even when the patient is NOT having pain to prevent post operative inflammation (to speed healing) and to prevent a delayed onset of pain.

-If the step 1 regimen proves inadequate for effective pain control, then the step 2 regimen can be ADDED to the step 1 regimen, but should NOT replace those medicines in step 1.

-Although the lower dosages of ibuprofen may be effective for pain control, it is generally suggested to consider the higher dosages to derive the benefit from their anti-inflammatory properties.

-The site of action of acetaminophen differs from that of ibuprofen (and other NSAIDS). Therefore, the analgesic effect of acetaminophen when taken together with ibuprofen is synergistic, or better when taken together.

-Take note of the maximum dosages per day of the medications for damage to the kidneys or liver may occur. Some of the prescription medicines (i.e. Hydrocodone with APAP contain acetaminophen within the same pill). Some over the counter "cold & sinus" medicines also have "hidden" dosages of acetaminophen in them. Watch the numbers!!!

-The narcotic (opioid) medicines in the the step 2 regiment have no real maximum "ceiling" dose (unless they contain acetaminophen). However, too large of a narcotic dose may cause nausea/vomiting. Also no driving or operation of machinery, etc. can occur while on these medicines, and remember that all opioid regiment have an addiction potential when taken long term.

-Some of the ibuprofen (NSAID) class of medications could have interactions with daily prescribed blood thinners or other cardiac medications. Generally a short term dose (1-2 days) of an NSAID rx is not a concern for most patients, but a longer term dose may require consultation with your medical doctor.

-In general, pediatric dosages are 1/2 the dose of an adult. Geriatric dosages may also have to be reduced--consult with your medical doctor.

-If you have any questions or concerns with the use of these medications or their combinations with other medicines that you may be taking, please call our office.

Ref: Becker DE, Pain Management: Part I: Managing Acute and Postoperative Dental Pain, *Anesthesia Progress* 2010; 57: 67-78.

J. Tim Russin, DDS, PA
Endodontic Anesthesia Services
123 N. Oakwood Avenue
Brandon, FL 33510
(813)684-6509w
(813)786-3065c
russindds@gmail.com
web: russindds.com