

# Louisiana State University Department of Orthopedics

## Postoperative Pain Management Protocol

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### Postoperative Pain Management Protocol

For healthy, opioid-naïve patients able to tolerate medications by mouth:

**Mild pain expected**

#1, #2

**Moderate pain expected**

#1, #2, #3

**Severe pain expected**

#1, #2, #3, #4 +

For patients with a chronic opioid use disorder, continue baseline narcotic agents.

### Medication Protocol

Medication	Dose / Notes
<b>1</b> <b>NSAIDs</b>	<ul style="list-style-type: none"><li>• Celecoxib, 200 mg twice daily</li><li>• No bleeding or bone healing effects</li><li>• Consider diclofenac, ketorolac, ibuprofen (if unable to obtain)</li><li>• Slight bleeding/bone healing risk; may be lowered if tranexamic acid is used.</li></ul>
<b>2</b> <b>Acetaminophen</b>	<ul style="list-style-type: none"><li>• Start with 500 mg every 6 hours</li><li>• Increase up to 500 mg every 4 hours, if necessary</li></ul>
<b>3</b> <b>Journavx (suzetrigine)</b>	<ul style="list-style-type: none"><li>• Loading dose of two 50-mg tablets</li><li>• Maintenance dose of 50 mg twice daily for 14 days</li></ul>
<b>4</b> <b>Gabapentin</b>	<ul style="list-style-type: none"><li>• Start with 300 mg every 6 hours (1,200 mg/d)</li><li>• Increase up to 3,600 mg/d, if necessary</li><li>• Exercise caution in older adults (&gt;80 years); start with 900 mg/d.</li></ul>

## Medication Protocol (continued)

Medication	Dose/Notes
<b>5</b> <b>Nortriptyline</b>	<p>For patients with no history of arrhythmia or myocardial infarction:</p> <ul style="list-style-type: none"> <li>• Sodium channel blocker; reduces pain.</li> <li>• Mildly sedating (helps with sleep)</li> <li>• 25 mg every night at bedtime</li> </ul> <p>For patients with cardiac risk factors, use desipramine:</p> <ul style="list-style-type: none"> <li>• 25 mg every night at bedtime</li> <li>• If adverse effects occur (drowsiness, dry mouth, gait disturbance), contact psychological services or discontinue medication.</li> </ul>
<b>6</b> <b>Tramadol</b>	<ul style="list-style-type: none"> <li>• Selective mu-opioid receptor agonist; fewer adverse effects and less abuse potential.</li> <li>• Start with 50 mg every 8 hours, as necessary</li> <li>• Increase up to 100 mg every 6 hours, as necessary</li> </ul>
<b>7</b> <b>Codeine</b>	<ul style="list-style-type: none"> <li>• Start with 30 mg every 6 hours, as necessary</li> <li>• Increase up to 60 mg every 6 hours, as necessary</li> </ul>
<b>8</b> <b>Morphine</b>	<ul style="list-style-type: none"> <li>• If already taking acetaminophen</li> <li>• Start with 5 mg every 12 hours, as necessary for severe/breakthrough pain</li> <li>• Increase up to 15 mg every 6 hours</li> </ul>

## Additional Pain Considerations

Area	Considerations
<b>Muscle Spasms</b>	<ul style="list-style-type: none"> <li>• Tizanidine</li> <li>• Alpha-2 agonist that blocks the release of excitatory neurotransmitters causing pain</li> <li>• May cause drowsiness; administer at night.</li> <li>• Start with 4 mg every night at bedtime</li> <li>• Increase up to 16 mg every night at bedtime</li> <li>• Baclofen (add to tizanidine if necessary)</li> <li>• May cause drowsiness</li> <li>• Start with 10 mg every night at bedtime</li> <li>• Increase up to 40 mg every 6 hours</li> </ul>

## Additional Pain Considerations (continued)

Area	Considerations
<b>Incision Pain (Including Amputations)</b>	<ul style="list-style-type: none"><li>• Lidocaine patch (place as close to the incision as possible on intact skin)</li><li>• One patch per day</li><li>• 12 hours on/12 hours off</li><li>• Patch can be cut to size (smaller incision requires a smaller patch).</li><li>• Save the remaining patch for the next dosage.</li></ul>
<b>Mental Health Disorders (Depression/Anxiety)</b>	<ul style="list-style-type: none"><li>• Requires additional considerations that will be covered in the future</li></ul>
<b>Chronic Opioid Use Disorder</b>	<ul style="list-style-type: none"><li>• Requires additional considerations that will be covered in the future</li></ul>

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