



Matthew H. Steele, MD

Cosmetic and Reconstructive Plastic Surgery

Perioperative Pain Management Instructions

Dr. Steele believes in a rapid recovery protocol after surgery. Numerous studies over the last 20 years show that an “Enhanced Recovery After Surgery” (ERAS) protocol is quite effective in managing postoperative pain, while minimizing the use of narcotic pain medications. With the ever-growing opioid crisis in the United States, and the significant side effects of narcotic pain medications, this is very welcome news. An ERAS protocol uses multimodal pain therapy that is started before surgery and followed for 5-7 days postoperatively depending on the type of surgery performed. Various medications are used and will be determined on an individual basis. These include all or some of the following:

Celexicob: Also known as Celebrex, this is a selective (COX-2 inhibitor) non-steroidal anti-inflammatory (NSAID) medication that is started the night before surgery and continued for 5-7 days. If you have a sulfa allergy, do not take this medication. We will recommend ibuprofen or naproxen instead.

Gabapentin: Also known as Neurontin, this is a drug commonly used for diabetic nerve pain and seizures. This medication has been shown to significantly decrease pain related to surgery when started before surgery. You will start this the night before with your Celexicob and continue for 5-7 days.

Ondansetron: Also known as Zofran, this is an anti-nausea medication that works in concert with the other medications to minimize nausea and vomiting. Take one dose the night before surgery and every 6-8 hours as needed after surgery.

Acetaminophen: Also known as Tylenol, you will likely be given some during surgery. Take 500mg every 4-6 hours as needed for postoperative pain. If Dr. Steele prescribes Percocet (oxycodone/acetaminophen combo pill), you will need to monitor your total intake not to exceed 4000mg in 24 hours as you may increase your risk of liver damage.

Methylprednisolone: Also known as Medrol, this is a steroid medication taken for 6 days postoperatively to help with nausea, pain, and swelling. You will start this the day after surgery.

Tramadol: Also known as Ultram, this is a narcotic pain medication that works within the brain to control pain. This is used only for breakthrough pain if Tylenol is not adequate to control your pain.

Oxycodone or Hydrocodone/Acetaminophen: Also known as Percocet or Lortab/Norco, these are narcotic medications combined with Tylenol that are designed to block pain receptors on nerve cells. If deemed necessary, Dr. Steele will prescribe a limited supply. Many ERAS studies have shown rapid recovery without the use of these medications. They are used only for severe breakthrough pain, and you must monitor your Tylenol intake not to exceed 4000mg per 24 hours.