



Pain Management

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Pain: A sensation of hurting, or strong discomfort, in some part of the body, caused by an injury, disease, or functional disorder, and transmitted through the nervous system.

Musculoskeletal pain can be very debilitating and occasionally requires a multimodal approach to control. Treatment may require immobilization (ex. casting), physiotherapy, injectable medications, topical medications, or oral medications. There also exist countless types of homeopathic remedies. Both the area of the injury and how the brain deals with signals from the area of pain affect the sensation. Generally, medications try either to stop the transmission of pain from the site of injury or to affect the brain directly.

The effects of pain medication are different for different people. Also, the tolerance of pain varies greatly from one person to another.

For this reason, one medication will not be right for everyone with the same injury. For example, some people are quite happy with an over-the-counter medication for an ankle sprain, while others will need a more powerful prescription pain reliever. The right pain medication depends on the person experiencing the pain, not on the condition that is causing the pain

The following information is provided so that you may understand oral medications which may be prescribed or recommended.

NSAIDs(Non-steroidal anti-inflammatory drugs): Reduce pain, fever, and inflammation. Side effects include but are not limited to: gastrointestinal bleeding, increased bleeding during surgery, kidney damage, heart attack and stroke. These risks are fairly small with short term use but increase with chronic usage. Generally taking higher doses does not increase pain relief significantly but does increase risk of side effects. Please note if you take aspirin for cardioprotective effect these medications can interfere with the aspirins desired effect. NSAIDs can delay healing and in certain situations you may be advised to avoid their use.

Over the counter forms:

-Aspirin: Typical dose 325 mg every 4-6 hours.

-Ibuprofen (Advil/Excedrin/Motrin): Typical dose 300-600 mg every 6-8 hours.

-Naproxen (Naprosyn/Aleve): Typical dose 250-500 mg every 12 hours.

Prescription forms:

-Celecoxib (Celebrex): Typical dose 200 mg per day. Avoid if have sulfa allergy.

- Diclofenac (Voltaren): Typical dose 75 mg every 12 hours.
- Indomethacin (Indocin): Typical dose 25 mg every 12 hours.
- Meloxicam (Mobic): Typical dose 7.5mg per day.

Acetaminophen abbreviated as APAP (Tylenol): Action is similar to NSAIDs however, does not have bleeding side effects, less effect on kidneys, and no associated risk of heart attack or stroke. Can cause liver damage and should not be used in patients with chronic liver issues or in persons who consume large amounts of alcohol. Typical dose is 325-650 mg every 4-6 hours. Be aware if any of the other pain medications also contain acetaminophen. Do NOT exceed 3,000 mg/day.

Narcotics: Available through prescription only. Common side effects include but are not limited to; nausea, sedation, constipation, itching, and respiratory depression. While taking narcotics you should treat possible constipation by eating a high fiber diet, increasing fluid intake, and taking stool softeners. You should limit alcohol consumption when taking narcotics. You should not drive while taking narcotics. If you are involved in an accident while taking narcotics you can be charged with driving under the influence. Addictive potential for the medicines exists as does tolerance issues therefore I recommend their use for short intervals.

- Hydrocodone/APAP (Lortab/Norco/Vicodin): Typical dose 5/325 mg every 4-6 hours.
- Hydromorphone (Dilaudid): Typical dose 2 mg every 3-4 hours. Note high co-pay.
- Oxycodone (Oxycontin/Percocet): Typical dose 5 mg every 3-4 hours.

Tramadol (Ultram): Is a narcotic like medication used to treat moderate to severe pain. May cause seizures in patients with history of seizure disorder or head injury. Do not take if on seizure medications, medication for depression or anxiety, muscle relaxants, medicines for nausea or if you consume alcohol in excess. Tramadol may be taken with acetaminophen. Typical dose is 50 mg every 6 hours (do not exceed 300mg/day)

I am not a pain management specialist nor am I a primary care physician. I therefore cannot provide chronic pain medication for chronic issues. For serious injury I may prescribe a short term course of narcotics to assist in pain control but that will not be extended. I do not believe narcotic usage for osteoarthritis is wise as chronic usage can lead to dependency however, I do believe a short course may be required during episodic flares. If osteoarthritis requires chronic narcotics you should consider surgical intervention. Post-surgical pain will be managed aggressively. I feel it is very important to have strong pain control after surgery so that the patient may adequately participate in their recovery process. I expect most surgical patients to be off narcotics by 6-8 weeks.

Please take pain medications responsibly. Guard your medicine to prevent loss. I am unable to replace pain medications which may have been lost or stolen. If that occurs I recommend a police report be filed.