

MULTIMODAL PAIN CONTROL OPIOID SPARING REGIMEN

PLEASE START TAKING MEDICATIONS THE DAY/NIGHT OF YOUR SURGERY

ANTI-INFLAMMATORIES (taken for pain and to reduce swelling)

Meloxicam 7.5mg every twelve hours (2 times per day)

MUSCLE RELAXERS (taken to prevent muscle spasms)

Methocarbamol 750mg every 8 hours (3 times per day) for 15 days

ACETAMINOPHEN/TYLENOL (taken for pain and to reduce swelling)

Acetaminophen 1000mg every 8 hours for 15 days

OPIOID PAIN MEDICINE (taken to reduce pain signals)

Oxycodone 5mg every 8 hours **ONLY AS NEEDED** for breakthrough pain in between (up to 3 times/day but **ONLY AS NEEDED**)

ANTACID (taken to protect your stomach)

Omeprazole 20mg every morning for 14-21 days (over the counter medication)

ASPIRIN (taken to help prevent blood clots for certain surgeries)

Aspirin 81mg daily for 21 days

only needed for specific surgeries, if you did not receive a prescription, you do not need to take

ANTIBIOTIC (only in specific surgeries)

Most surgeries do not need any antibiotics after surgery. For some specific operations (including shoulder surgeries), Dr. Thon may prescribe an antibiotic. If you receive an antibiotic with your prescriptions please take as prescribed

BENEFITS OF OPIOID SPARING REGIMENS

As opioid sparing becomes more widespread in the medical field, it could provide these benefits and more:

- **Reduced addiction rates:** By prescribing lower amounts of opioids, doctors can reduce the risk of patients developing addictions.
- **Fewer side effects:** Opioid sparing can reduce the side effects of opioids and the accompanying pain reliever thanks to smaller amounts of each.
- **Better pain relief:** A treatment involving opioid sparing addresses multiple pathways for pain relief, potentially leading to better results.
- **Lower impact of the opioid crisis:** By providing the above benefits, the opioid-sparing effect reduces the negative impact of the opioid crisis. It helps doctors find ways to provide pain relief without increasing opioid risks.

In multiple randomized controlled trials, this regimen provided improved pain control over standard opioid narcotics with improved pain scores, less constipation, and less upset stomach.²⁻⁵

1. "What Is the Opioid-Sparing Effect?" <https://baartprograms.com/what-is-the-opioid-sparing-effect/>
2. Jildeh TR et al. Multimodal nonopioid pain protocol provides better or equivalent pain control compared to Opioid Analgesia Following Arthroscopic Rotator Cuff Surgery: a prospective randomized controlled trial. [Arthroscopy Journal 2021](#)
3. Jildeh TR et al. Multimodal nonopioid pain protocol provides equivalent pain versus opioid control following meniscus surgery: a prospective randomized controlled trial. [Arthroscopy Journal 2021](#)
4. Moutzourous V et al. Can we eliminate opioids after anterior cruciate ligament reconstruction? A prospective, randomized controlled trial. [American Journal of Sports Medicine 2021](#)
5. Jildeh TR et al. Multimodal nonopioid pain protocol provides equivalent pain control versus opioids following arthroscopic shoulder labral surgery: a prospective randomized controlled trial. [Journal of Shoulder and Elbow Surgery 2021](#)