## Dr. Robert Sershon

## Hip and Knee Replacement Specialist

## Joint Replacement Medication Schedule Example

Please refer to the **HOW TO TAKE YOUR MEDICATIONS** handout for an explanation of each medication.

<u>Tylenol, anti-inflammatories</u>, and <u>icing</u> are **ESSENTIALS** for pain control. These should not be stopped before your 4-week visit unless you have been instructed otherwise. Narcotic medications will not control your pain unless you are routinely taking Tylenol, an anti-inflammatory, and icing.

Medication Schedule Example – Weeks 1 & 2						
	Wake	Breakfast	Lunch	Dinner	Bedtime	Night
Aspirin 81mg		1 tab		1 tab		
Celecoxib 200mg		1 tab				
Tylenol 500mg	2 tabs		2 tabs		2 tabs	
Tramadol 50mg	1-2 tabs		1-2 tab	1-2 tab		1 tab
Oxycodone 5mg		1-2 tabs	1-2 tabs	1-2 tabs	1 tab	1 tab
Senna-S 50-8.6mg	2 tabs			2 tabs		
Zofran 4mg		1 tab	1 tab	1 tab		

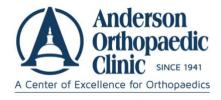
<sup>\*\*\*</sup> Ice therapy for 20 minutes every hour \*\*\*

<sup>\*\*\*</sup> Oxycodone and tramadol are taken as needed for moderate-severe pain \*\*\*

Medication Schedule Example – Weeks 3 & 4				
	Breakfast	Lunch	Dinner	Night
Aspirin 81mg	1 tab		1 tab	
Celecoxib 200mg	1 tab			
Tylenol 500mg	1-2 tabs	1-2 tabs	1-2 tabs	
Tramadol 50mg	1 tab	1 tab	1 tab	1 tab
Oxycodone 5mg	1 tab	1 tab	1 tab	1 tab
Senna-S 50-8.6mg	2 tabs		2 tabs	
Zofran 4mg	1 tab	1 tab	1 tab	

<sup>\*\*\*</sup> Ice therapy for 20 minutes every 1-2 hours\*\*\*

<sup>\*\*\*</sup> Oxycodone and tramadol are taken as needed for moderate-severe pain \*\*\*



## **HOW TO TAKE YOUR MEDICATIONS**

- Pick up your medications from the pharmacy you provided us 5-7 days prior to surgery.
- Unless instructed otherwise, the <u>only prescribed drug(s) taken before surgery</u> are the antiinflammatory medication (Celecoxib, Etodolac, Meloxicam) and Flomax if prescribed.
- Remember to pick up Aspirin, Tylenol, and stool softener. These are over-the-counter.

For certain patients, the medications prescribed will differ from those shown in the table below. This is because The Anderson Orthopaedic Institute personalizes each patient's medications.

Pain Control  *In order of importance: Tylenol, Anti-inflammatory, Tramadol, Narcotic  Non-Narcotic: Acetaminophen, Anti-inflammatory  Narcotic: Tramadol, Oxycodone, Hydrocodone, Dilaudid		
Acetaminophen (Tylenol)  Mild, moderate, and severe pain	Tylenol should be taken as directed <u>until all of your pain is gone</u> .  Tylenol is the <u>last</u> medication you should wean from.  Do not exceed 3 grams/day.	
Meloxicam (Mobic) Celecoxib (Celebrex) Etodolac (Lodine)	Taken as directed for <u>1 month</u> following surgery.  These medications are very effective at decreasing pain and inflammation. Do not stop taking this prior to 1 month unless you no longer need Tylenol, Tramadol, and Oxycodone.	
Tramadol (Ultram)  Moderate and severe pain	If Tylenol by itself is not sufficient for pain control, then take Tramadol.  Tramadol is the second medication you should wean from.	
Oxycodone 5mg Severe and breakthrough pain	If Tylenol and Tramadol together are not adequately controlling your pain, then add oxycodone as your rescue pain medication.  This is the first medication you should wean from.	

Blood Clot Prevention *Only one of the medications listed below will be prescribed		
Aspirin Rivaroxaban (Xarelto) Warfarin (Coumadin)		

Other Helpful Medications		
Colace 2-in-1 Senna-S 50-8.6mg MiraLAX	For <u>constipation</u> . If you are not constipated, you do not need this.  For patients who suffer from <u>chronic constipation</u> , you should continue your stool softener until the day of surgery.	
Ondansetron (Zofran) 4mg	For <u>nausea</u> . If you are not nauseous, you do not need this.	
Tamsulosin (Flomax)	For select males, Flomax is prescribed to prevent <i>urinary retention</i> .	