PHARMACY DEPARTMENT

Medication Use in total Hip and Knee Replacement Surgery

Purpose

General description of medication use during your hospital stay.

Pre-Operative Assessment

This visit occurs approximately two weeks prior to your surgery.

Medication Reconciliation

An accurate list of your current home medication(s) will be compiled by either a nurse or a pharmacy technician. The anesthetist will use the information to manage your medications during and after surgery. The surgeon will order your home medications for use during your hospital stay.

## Know your allergies/adverse reactions:

* What drug/food caused the reaction?
* What happened?
* When did it happen?
* Can you take other, similar medications?

Bring all current medication in original bottles or boxes to POAC visit and hospital stay:

* Prescription medications
* Vitamins
* Non-prescription medications
* Herbals

A nurse will review your medications and direct you on how to use your medications in the week prior to surgery. You may need to see an internal medicine doctor before surgery.

Post-operative Issues

* Pain
* Nausea and vomiting
* Constipation
* Blood thinners or anticoagulation

Pain Control

Adequate pain control is important for the recovery process.

* It is important to have realistic expectations about pain control after a major surgery
* Pain is most severe right after surgery and should improve thereafter

Day of Surgery

1. Acetaminophen and an anti-inflammatory 1 hour before surgery
2. A small dose of narcotic is injected into the spine (intrathecal morphine)

Effect lasts 16 to 24 hours

Minimal side effects

1. A small dose of local anesthetic will be used for additional pain control. This is called a nerve block.

## Anesthetist may order:

* Acetaminophen (Tylenol®)
* Anti-inflammatory
* Pregabalin
* Dilaudid, as needed

Medications will be tailored to your needs.

## Patient Controlled Analgesia (PCA)

* Also known as “the pain pump”
* Start only as needed
* Small dose of a narcotic is infused into the vein via a pump
* Patient self administers within limits set by the anesthetist

Day 1: After Surgery

* PCA, if used, is usually discontinued
* Start pain medications ordered by the surgeon

Acetaminophen

Anti-inflammatories

Narcotics, as needed (hydromorphone, oxycodone, codeine)

Medications to reduce nerve pain (pregabalin)

## Acetaminophen

* Limited side effects
* Last pain medication to be stopped
* Maximum dose is 4 G per day from all sources
* Regular use will decrease the amount of narcotic required

## Anti-inflammatories

* Decrease inflammation and swelling
* Can be omitted if you have side effects
* Examples:

Celecoxib or Celebrex®

Ibuprofen or Advil®

Naproxen or Aleve®

Diclofenac or Voltaren®

## Narcotics

Narcotics are often necessary after surgery.

* Side effects can be managed
* Use the smallest dose for the shortest period of times
* Continue to use at home – as needed
* Addiction is usually not a problem in short-term use

**Remember**

The amount of pain you feel after surgery varies. It depends on factors such as:

* Severity of osteoarthritis
* Medications used before surgery
* The surgery itself

The amount and type of pain medication needed will vary. It is not advisable to stop use of chronic pain medication immediately following surgery. It may be better to wait until you are better and work with your family doctor to taper off chronic pain medication.

Nausea and Vomiting

This can be common after surgery:

* Usually occurs in the first 24 hours post-op
* Due to anesthetics and narcotic medications
* Several medications used to control nausea. Ask your nurse
* Usually not a concern at time of discharge

Constipation

Another common post-operative symptom

* Caused by lack of food, and lack of activity
* Laxatives may be required

There are several strategies to reduce symptoms, ask your doctor or pharmacist.

Blood Thinners After Surgery

* Increase the risk of blood clot formation in legs after major lower body surgeries.
* Need to thin the blood to prevent blood clots after surgery.
* Duration:

Up to 2 weeks for knee replacement

4 to 5 weeks for hip replacement

## Blood Thinners (anticoagulants)

* Injectable:

Enoxaparin (Lovenox®)

* Oral:

Apixaban (Eliquis®)

Dabigatran (Pradaxa®)

Rivaroxaban (Xarelto®)

Warfarin (Coumadin®)

## For patients on blood thinners before surgery

* Used to prevent blood clot from atrial fibrillation
* Will need to be stopped before surgery and restarted after surgery
* May need to see Thrombosis Clinic or a medicine doctor for details of stopping and starting the medication

## Enoxaparin (Lovenox®)

* Most commonly prescribed
* You will be taught how to self-inject
* Start the morning after surgery
* Continued for two to five weeks post-op
* Covered by Ontario Drug Benefit
* Ne need for lab monitoring

## Oral Anticoagulants (Apixaban, Dabigatran, and Rivaroxaban)

* Can be used to prevent clot after surgery
* Not routinely used due to lack of reliable reversal in the event of a bleed
* Ask your surgeon if you are interested

Post-Operative Tips

* Contact your surgeon if there is increased pain or swelling in the operated joint
* Ask your dentist if you need antibiotics before dental procedures

Home Medications

Bring all home medications on day or surgery.

* Update any changes to medications by informing nursing staff
* Use your own medications if not available at QCH