Mammoth Orthopedic Institute

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Foot and Ankle Post-Operative Pain Management Protocol

Pain medication policy

- Opioid (narcotic) medications are intended only for short-term pain after surgery.
- The orthopedic clinic will not prescribe opioid pain medications beyond **3 weeks after surgery**.
- If pain persists beyond 3 weeks, pain management should be handled by your primary care provider or a pain specialist.
- After your third refill request, the clinic will check California's CURES prescription monitoring database to ensure safe prescribing.

Expected tapering

1. First prescription: strongest medication and largest quantity.
2. Second prescription: fewer pills and possibly a lower strength.
3. Third prescription: Tramadol or nighttime-only medication.
4. Fourth prescription: non-opioid medications (NSAIDs and other non-narcotics).

Recommended pain control

- Keep the surgical site elevated above heart level and apply ice.
- First-line treatment:
    - Acetaminophen (Tylenol) 500–650 mg every 6 hours.
    - Alternate with either:
        - Ibuprofen 600 mg every 6 hours, **or**
        - Naproxen (Aleve) every 12 hours (see note below).
- Second-line treatment:
    - If pain remains greater than 5/10, take one prescribed opioid tablet as directed (up to every 4 hours).
- Third-line treatment:
    - If pain is still not adequately controlled, you may take two tablets **only if instructed by your surgeon's prescription**, and please notify the office that your pain is requiring increased medication.
- Avoid Celebrex during the first 6 weeks as it has been proven to negatively affect healing in bone after surgery and/or fracture.

Goal

- Be off opioids by 3 weeks after surgery.
- Every 3–4 days, reassess your pain and gradually reduce daytime opioid use first.
- Continue using conservative pain control measures, especially at night, to help you sleep.