

POST OPERATIVE MEDICATION GUIDE

Congratulations on your decision to undergo a plastic surgical procedure with Dr Holzman. This is a guide to the most common medications that he prescribes after surgery. Dr Holzman is providing you with this information in order to help you through the postoperative period with the fewest problems. Please read the entire handout and direct any questions to Dr Holzman or the staff. We are here to help you get the most out of your plastic surgical experience. Pre and postoperative instruction sheets tailored to your individual procedure will also be presented to you before your surgery.

PAIN ISSUES: Unfortunately all surgery is accompanied by some amount of pain. Fortunately there are many highly effective medications to keep post-surgical pain under control. In addition to the benefit of greater comfort, experts say well-controlled pain can speed recovery and prevent long-term problems. Dr. Holzman's goal is for you to be as comfortable as possible and he will prescribe all the necessary medications to help you manage your discomfort. Many patients do not like taking medication, but for the first several days after surgery, pain control serves many functions: it aids recovery by improving rest and sleep; it facilitates mobility and return to function more quickly. Some people fear that pain medications are addictive. These medications, if taken as directed for the brief postoperative period, are safe and extremely effective. Dr. Holzman is careful to prescribe only the amount of medication needed for your pain. Let Dr Holzman know if you have adverse reactions to particular medications or if others have been effective in the past.

The following is a list of medications commonly used by Dr. Holzman in the postoperative period. Your directions will be tailored to your particular procedure. Take only the medications that Dr. Holzman recommends for you. As all patients have different pain tolerances, and respond differently to the medications, it is impossible to give absolute advice that will work for everyone. The most important advice Dr Holzman has learned from experience that for the first 7-10 days, take a full dose of narcotics, muscle relaxants, and anti-inflammatory medications just prior to bedtime so you stand the best chance of getting a good night's rest to help you recover.

PAIN MEDICINE: Narcotic pain medication is very effective in reducing pain post operatively. Most patients experience the most discomfort in the first 2-3 days after surgery. During this time, Dr. Holzman advises you to take the pain medicine on a regular schedule. Stay ahead of

your pain. A common mistake people make, according to Dr. Holzman, is waiting too long to take pain medication. By the time you're in pain, you're starting from behind the eight ball and it is more difficult to catch up. Dr. Holzman usually asks that you take 2 pills every 4 hours for the first 1-3 days depending on your individual needs without trying to wean yourself off the analgesics. It is not mandatory that you waken (or be woken up) in the middle of the night to take your pills if you are sleeping comfortably. After that, take the medication as needed for discomfort. Please note that most narcotic pain medicines are combined with Tylenol (acetaminophen). Make sure that you do not take extra Tylenol or other medications that contain Tylenol such as many cough and cold preparations. Narcotic pain medications can make you feel dizzy, unsteady, nauseated, and will cause some amount of constipation. Be careful when ambulating while you are taking narcotics and do not drive while taking them. Once again, make sure you are drinking plenty of water and avoid alcohol use. Make sure you have adequate supplies of analgesics as Federal law now prohibits doctors from calling in certain pain medications to pharmacies. Ask Dr Holzman or the staff to refill your pills at your office visit, or during regular business hours if needed. Make sure to read the section on anti-spasm medications to understand how these can be combined with narcotics to get better relief. Additionally, Dr Holzman will use long-acting local anesthetics such as Exparel during some procedures for relief that will decrease your need for narcotic medications. The following are the most common pain medications used by Dr Holzman:

Percocet (oxycodone)

Vicodin/Roxicet/Lortab (hydrocodone)

Ultram (tramadol) - a non-narcotic pain medicine

STOOL SOFTENERS: General anesthesia and narcotic pain relievers can cause constipation. It is important to promptly treat constipation as straining can cause postoperative problems. In particular, abdominoplasty patients can disrupt their repair. If you have a history of constipation, start using stool softeners prior to and immediately after your surgery. Post-operatively, you should not go more than 3-4 days without a bowel movement. If you are at day 2 and have not had a bowel movement, begin taking one of the recommended medications as directed on the label, and increase your oral fluid intake (Drink more water!). Examples are Miralax, Dulcolax (bisacodyl) in pill or suppository form, Colace (docusate sodium), and Milk of Magnesia. Dr. Holzman recommends that you take these medications until results are achieved.

MUSCLE SPASMS: Some procedures involve cutting or manipulating muscles. As they recover, the muscles tend to spasm, which can be uncomfortable. Dr. Holzman will prescribe anti-spasm medicine to stop the muscle contractions. Side effects include

drowsiness and dizziness. They can be taken either as an addition to the pain meds in the first few days and as a substitute for narcotics later. The main muscle relaxant prescribed by Dr. Holzman is Soma (carisoprodol).

NAUSEA: Many patients experience postoperative nausea, and almost all of Dr. Holzman's patients receive a prescription for anti-nausea medicine. It is important to control nausea to maintain adequate hydration and caloric intake. Do not delay the use of this medication. If you have any sensation of nausea, use these medications right away. Anti-nausea medications include Zofran (ondansetron), which dissolves in your mouth, and Phenergan (promethazine) in an oral or suppository (much more effective) form. Phenergan may cause drowsiness.

NON-STEROIDAL ANTI-INFLAMMATORY MEDICATIONS: Anti-inflammatory medications help to ease postoperative swelling and pain. Dr. Holzman recommends that you begin taking these medications on the 2nd or 3rd day post operatively, unless he specifically counsels otherwise. These can be taken in place of, or in addition to narcotic pain relievers. Take these medications as directed.

Advil/Motrin/Ibuprofen- Dosage is 3 pills 3 times a day

Naprosyn/Aleve (naproxen)- 2 pills 2 times a day

As your pain subsides, you may stop taking narcotic pain medications and transition to taking either Tylenol or the non-steroidal anti-inflammatory medications listed above. Continue to rest and hydrate.

ITCHING AND INSOMNIA: Some patients develop itching at the incision sites, or from the narcotic pain medications. It is important to control itching to prevent scratching while sleeping. If you feel that the itching is from your pain medication, please call Dr. Holzman if you notice a rash or hives, otherwise, take the anti-itch medicine as directed. Benadryl (diphenhydramine) dosage is 1-2 pills every 6 hours as needed. Side effects include drowsiness and dizziness. Do not drive when taking Benadryl. Taken at night it can assist with sleep. When Benadryl is combined with narcotic pain medication, it acts synergistically to improve pain relief, but may increase drowsiness.

INFECTION PREVENTION: Current regimens for preventing infection suggest that only the minimal use of antibiotics is needed. Most patients will receive a single dose of intravenous antibiotics right before the surgery, and only a few patients need medication for the next 24 hours. Dr Holzman will determine what your needs will be.