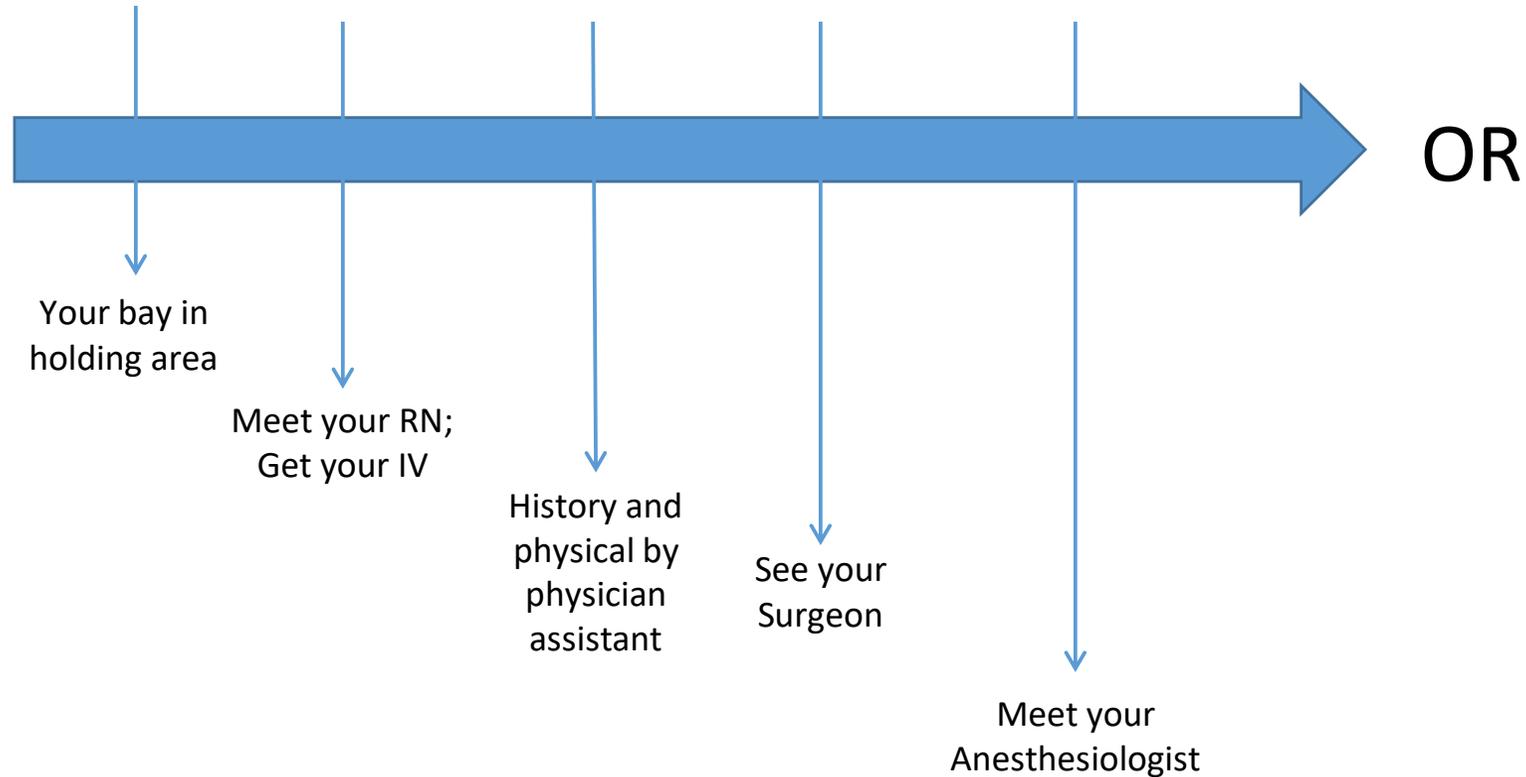


PAIN MANAGEMENT FOR YOUR SHOULDER OPERATION

Comprehensive Multimodal Analgesia for Shoulder Surgery

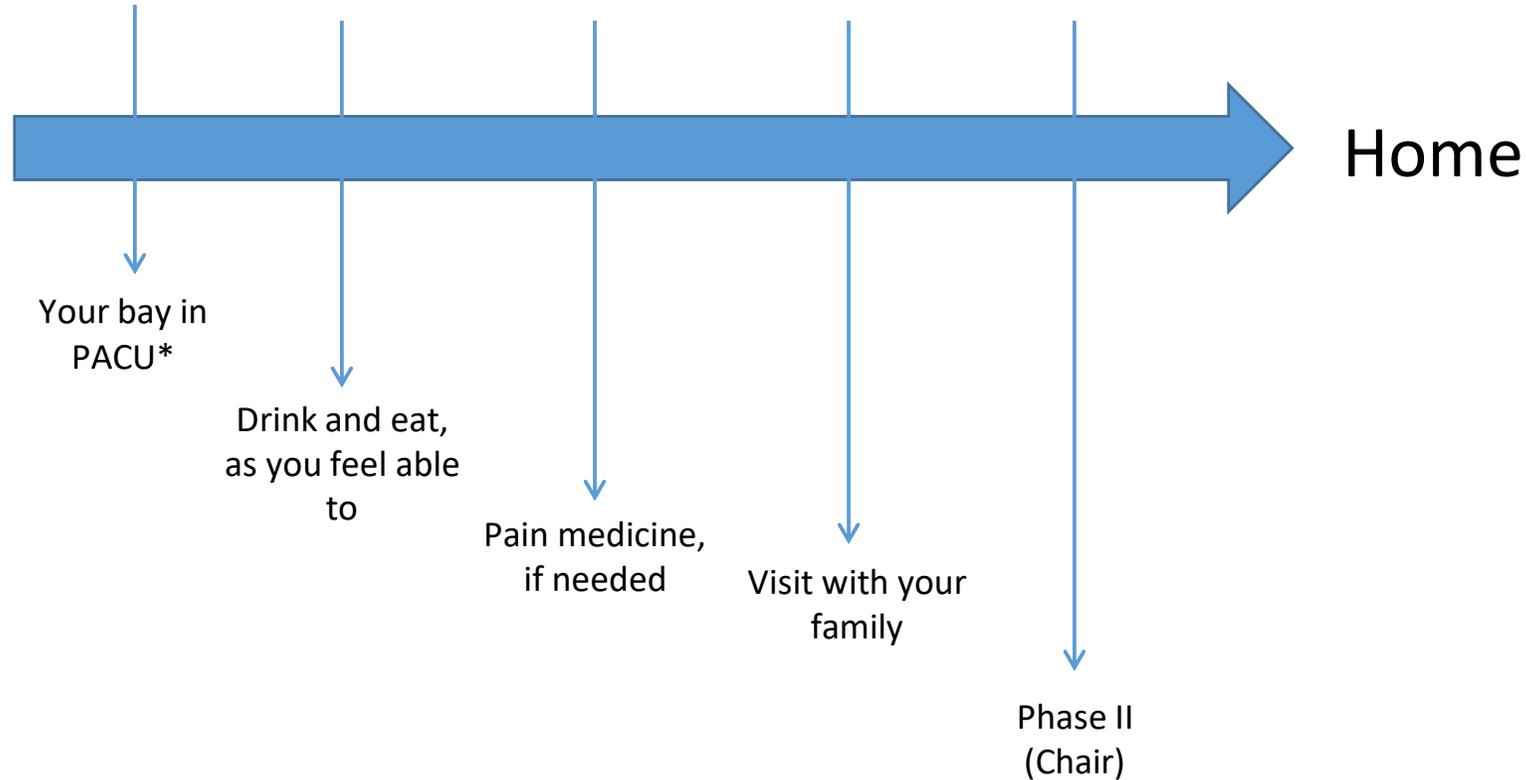
Aim for reasonable comfort with minimal opioid use!

THE DAY OF SURGERY: Before the Operation



THE DAY OF SURGERY

After the Operation



*PACU = Post Anesthesia Recovery Unit

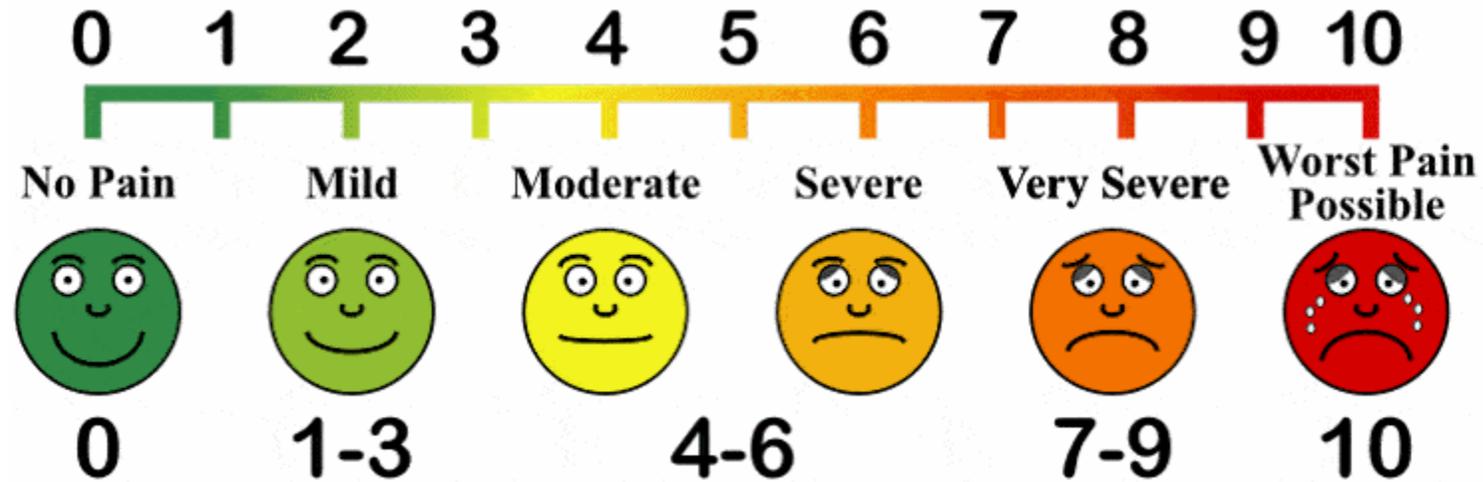
WHAT IS REGIONAL ANESTHESIA?

- Regional anesthesia is the technique used to take away sensation and movement from your shoulder
- It is associated with less postoperative pain, less nausea, less need for opioids, less sore throat, and greater ability to go home after the operation
- This nerve block is done after you receive intravenous sedation. You do not need to be awake for the injection.

WHAT IS A NERVE BLOCK?

- A nerve block can be used for surgery on the shoulder
- Nerve blocks provide excellent surgical anesthesia
- This nerve block is an injection of local anesthetic, with ultrasound guidance, above the shoulder
- Blocks can last anywhere from 8 to over 24 hours
- After the block, you typically won't be able to move or feel your shoulder, arm, and sometimes your hand. Your voice can be hoarse and you may feel that you weren't taking as deep a breath as you did before surgery. These are normal experiences, and they will disappear as the block wears off

PAIN MANAGEMENT



- We will ask you to rate your pain as a score out of 10
- GOAL = 4/10 or better

How should you “Stay ahead of the pain”

- We think you will feel better and have less pain by taking regularly scheduled pain medications
- Best to start with the nonopioids
- Use opioids only as needed
- Not all people need to take opioids after surgery
- Goals:
 - Be reasonably comfortable
 - Be able to do your usual activities
 - Be able to sleep at night

PAIN MANAGEMENT: Begins in the OR

- Nerve block to reduce pain
- Anti-inflammatory drugs
 - Ketorolac (“Toradol”: a nonsteroidal anti-inflammatory drug)
 - Dexamethasone
- Anti-nausea drugs
 - Ondansetron (“Zofran”)
 - Dexamethasone also helps prevent nausea
 - Nausea is unlikely from the anesthetic
 - However, postoperative opioids (such as oxycodone), if taken, can cause nausea

PAIN MANAGEMENT: Multimodal Analgesia

You will be prescribed a variety of medicines after surgery
to keep you comfortable

- Acetaminophen (“Tylenol”)
- NSAIDS – non-steroidal anti-inflammatory drugs
- Gabapentin (taken at bedtime)

These medications work well together to help control pain and reduce the use of opioids. It is important to take these on a scheduled basis regardless of pain. It’s best to take all of these if possible, but if you have had a reaction to one of them in the past you can still be on the pathway and not take that drug.

PAIN MANAGEMENT: Limited use of opioids

Opioids are also available if needed.

- Oxycodone is most commonly used
- (5-10 mg every 4-6 hours as needed)
- Avoid prophylactic use of opioids – only take when in pain
- Some patients need to take oxycodone prior to certain physical activities
- Serious consequences include nausea, vomiting, sedation and confusion, lack of energy, inability to concentrate, physical weakness.
- Tolerance and dependence on opioids can develop with prolonged use. Rarely, this can lead to addiction (substance use disorder)