

Medications Post Procedure

You will be prescribed the following types of medications: antibiotics, pain medication, blood thinners, anti-nausea medications, stool softeners (optional), all start **AFTER** surgery.

Antibiotic:

This “must do” medication is to prevent infection. Generally taken for 7 to 14 days. I do recommend taking them, as well as everything here other than the nausea medication, with something on your stomach, such as a cookie, cracker, toast, etc. If you find yourself “sick” after each dose of medication – call to be changed to another medication.

Cephalexin (Keflex): 500mg - 3 times per day.

Clindamycin (Cleocin): 300mg - 3 times per day.

Trimethoprim/Sulfamethoxazole (TMP-SMX or Bactrim DS): 1 pill – 2 times per day

Doxycycline: 100mg – 2 times per day.

Pain Medication:

Some of these medications are to be taken as a standing dose, others as you need them.

Gabapentin (Neurontin): 300mg – 2 times per day. Standing dose, take each day regardless of pain. (3 to 7 days)

Celecoxib (Celebrex) 200mg – 2 times per day. Standing dose, take each day for baseline pain relief. (3 to 7 days)

Acetaminophen (Tylenol): 500mg - 1 or 2 every 8 hours. First line. Do Not take more than 6 pills per day.

Tramadol (Ultram): 50mg every 6 hours. Good alternative to stronger opioids listed below, generally less side effects.

Oxycodone (Roxicodone): 5mg every 6 hours or Hydromorphone (Dilaudid): 2mg every 6 hours for Breakthrough pain. These can cause nausea, constipation, and sedation....Use these as your Last Resort.

Anti-Nausea:

Nausea is common post anesthesia and can be exacerbated by taking the other medications, notably the oxycodone.

Ondansetron (Zofran): 4mg tablets 1 every 8 hours for significant nausea. These tablets dissolve under your tongue.

Blood Thinners:

Prescribed to prevent blood clots in your veins (not everyone will get these). While there is increased bruising and an increased risk of bleeding, the benefits outweigh the risks. Based upon your particular case you will be prescribed either a pill or injection. First dose to be taken/administered the **NEXT** morning after your surgery.

Aspirin 81mg (baby aspirin): 2 times per day for 3 weeks; and Pantoprazole (Protonix) 40mg [acid reducer] taken daily.

Enoxaparin (Lovenox): 40mg injection daily – 1 full syringe into the fat layer of an area not treated during the surgery, usually the upper outer thighs. Pinch the skin, cleanse with alcohol prep, and inject fully.

Constipation:

If prone to constipation, begin with stool softener daily or fiber supplement (not a bad idea for anyone actually). If you find yourself constipated start with...

Dulcolax (oral or suppository): 1 or 2 every 6 hours

Miralax (packet mixed in water): once per day, can take hours or day to work.

Milk of Magnesia or Magnesium Citrate: 1 or 2 in 6 hours. Can be fast acting, but also rough, causing cramping, etc.

Fleets Enema: Can be effective instead of the Magnesium options listed above without as much cramping, etc.