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## MEDICATION

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This is general advice.

This should be read in conjunction with medication advice provided with your tablets.

### Pain relief:

There are a lot of different types of pain relief that can be used following surgery and after injuries. Some people tolerate some better than others.

**Paracetamol or Panadol osteo:** Commonly used and well tolerated. Safe in prescribed doses. These are not strong pain tablets. They are best taken before pain builds up and on a regular basis if you are experiencing a lot of pain

**Anti-inflammatories** (e.g. Mobic, Nurofen etc) Should be taken cautiously and always taken with food. Some people can't tolerate them. They should be taken very cautiously when you are on blood thinning medication (e.g. Xarelto) or if you have reflux or stomach ulcers.

**Panadeine forte:** This is a stronger pain tablet as it has codeine in it. This has an increasing side effect profile including addiction, tolerance and constipation.

**Tramadol:** This is a similar strength medication to panadeine forte. It comes in an immediate relief form and can be taken up to 4 times per day. It also comes in a slow release form and this can be taken up to 2 times per day. It is not well tolerated by everyone and can cause an upset stomach for some people. It can cause addiction, tolerance and constipation also.

**Endone:** This is a very strong pain tablet and is addictive. It also tends to lead to tolerance and constipation. It acts quite quickly and wears off in 4-6 hours. It can be taken up to 4 times per day.

**Targin:** This is similar in strength to Endone and has a similar side effect profile leading to addiction, tolerance and constipation. It lasts longer than Endone (for up to 12 hours) and is usually taken twice per day.

**Palexia:** This is a relatively new pain tablet. It can be a bit confusing because it comes in immediate release (IR) and slow release (SR) forms. Both forms have similar strengths. It is similar in strength to Endone and Targin. Some patients tolerate it better than Endone and Targin. It causes similar troubles with addiction, tolerance and constipation.

**Pain patches** can be used in some cases. Depending upon the patch, some are changed every 3 days (**Fentanyl**) and others are changed weekly (**Norspan**). These are strong pain relief and come with the usual problems of addiction, tolerance and constipation.

### **Blood thinning medication:**

There are numerous blood thinning medications. You may already be on blood thinners from your GP or Cardiologist.

Many patients take herbal, natural or supplementary medications such as fish oils, glucosamine, tumeric etc. All these medications tend to thin the blood and cause bleeding. These are generally stopped before surgery if possible. You should not restart any of these medications until you have completed the course for your post operative DVT prevention medication.

Medications that are commonly used to prevent deep vein thrombosis (DVT) following surgery include.

**Aspirin or Cartia.** Usually taken daily and with food.

**Clexane** injections. Injected daily as instructed. Knee replacements commonly use Clexane for 2 weeks post surgery. Hip replacements commonly use Clexane for 35 days following surgery.

**Xarelto** (also called Rivaroxaban). This is a tablet usually taken daily. We commonly use 10 mg daily to help prevent DVT. Knee replacement patients usually take this for 15 days. Hip replacement patients usually take this for 30 days.

### **Weaning from strong pain tablets:**

Strong pain tablets such as targin, palexia and endone are addictive and you quickly develop a tolerance to them. This means that when you stop them you can feel some withdrawal side effects.

If you have been on these medications for more than 2 weeks you should wean yourself off them. This can be done in many ways but as general advice halving the dose every 3-4 days is a good and safe way to wean yourself off them and minimise withdrawal symptoms.

If you are concerned by how best to wean off these medications please do not hesitate to talk to Dr Dalton or your GP.

**Remember the above information is general advice only and does not apply to every patient.**

**If you have any concerns about medication please speak to either Dr Dalton or your GP.**