

Enhanced Recovery Pain Control Guideline post elective Total Hip and Knee Replacement

Post-operative pain medication

eGFR>30mls/min	eGFR<30mls/min	Stop/Review date
Paracetamol 1 gram QDS	Paracetamol 1 gram QDS	Continue until no longer required (usually for discharge)
Ibuprofen 400mg TDS (unless contraindicated).	Avoid- caution in renal impairment	Stop after day 3
Morphine sulphate MR 10-20mg BD	Oxycodone MR 5-10mg BD	Review 48 hours post op.
Gabapentin 300mg BD (100mgBD if >70yrs)	Omit gabapentin	Review 48 hours post op.
Oramorph PRN for breakthrough pain-range from 5-20mg depending on regular dose	Oxycodone liquid PRN 2.5-10mg depending on regular dose	

Co-prescriptions;

- Laxatives to prevent constipation (senna+/- movicol)
- Anti-emetics

All pain medication should be REVIEWED at 48 hours post op:

Stop gabapentin

Stop modified release opioid and **switch** to weak opioid;

- Codeine 30-60mg QDS or;
- Dihydrocodeine 30-60mg QDS

If your patient remains in pain please liaise with pain team and if strong opioids to continue, review daily.

Discharge Medication

Paracetamol 1 gram QDS

Codeine or dihydrocodeine 30-60mg QDS PRN

Plus laxatives/anti-emetics as required

The patient should not be sent home on strong opioids unless it has been authorised and documented by pain team. Patients should then be discharged with a maximum of 5 days of strong opioids with clear handover to the GP that this is short term only and needs to be reviewed with an aim of stepping down to weak opioids and eventually stopping all opioids.

