HELP YOUR PATIENTS CREATE A PLAN FOR POST SURGERY DENTAL PAIN

Why? According to the American Dental Association, dentists should recognize multimodal pain strategies for management for acute postoperative pain!



Ask your patients about their pain management preferences

Encourage the patient to:

- Voice concerns about any medications.
- Speak up when experiencing pain.



Consider and discuss your patient's current medications and other health considerations

Answer common questions your patient may have.

How much pain is expected?

How long will it last?

What are options to manage pain after surgery and what would you suggest?

Would the pain medication be an opioid or not?

What are the side effects?

Is there a need to stop or change other medications (OTC and Rx)?

How should your patient properly store medications?

How should your patient properly dispose of medications when they are no longer needed?

Provide non-medicine pain options if applicable and of interest to your patient. Examples may include*:

Place an ice pack on the painful area for 10 minutes, three or four times per day.

Eat softer foods.

Avoid chewing gum or ice.



Personalize your patient's pain management plan

Medication:		
Dose:		
Duration:		

Others at your discretion.

OPTIONS FOR RELIEF*

Help your patients understand their pain management options and make sure they write down the instructions you have given them for their specific medicine.

ov	ER-THE-COUNTER	WHY THEY MAY BE USED:			
	etaminophen: example, TYLENOL®	 Temporarily relieves minor aches and pains² Taken orally² Gentle on the stomach^{5,6} May be appropriate for people on aspirin heart therapy or certain high blood pressure medications^{3,4} 			
Nonsteroidal anti-inflammatory drugs (NSAIDs): Although NSAIDs share some similarities, they have different levels of risk.					
Aspirin: for example, Bayer® Extra Strength • Temporarily rel		• Temporarily relieves minor aches and pains ⁷⁻⁹			
spirin IDs	Ibuprofen: for example, MOTRIN® IB	• Taken orally ⁷⁻⁹			
Non-aspirin NSAIDs	Naproxen Sodium: for example, Aleve®				

NON-MEDICINE

If your patient is interested in non-medicine options, recommend ways to alleviate pain without medication.

^{*}These are not all of the pain relief options available; suggest other types to your patient as needed.

PRESCRIPTION OPIOIDS		WHY THEY MAY BE USED:
Oxycodone: OxyContin® Oxycodone/Acetaminophen: Percocet® Hydrocodone/Acetaminophen: Vicodin® Meperidine: Demerol® Hydromorphone: Dilaudid®	Morphine Codeine Fentanyl Methadone	 Effective for short-term severe pain that cannot be treated with other medications^{10,11} Available in multiple forms¹² (injectable, skin patch, and pill)

[‡]This is NOT a complete list of considerations or warnings for these products. Patients should always read and follow the appropriate product label and talk to their healthcare professional if they have any questions or concerns.

Some pain relievers may not be right for your patient

Ask your patients if they have health conditions such as^{3,4†}:

High Blood Pressure • Heart Disease • Asthma • Kidney Disease • Stomach Problems/Sensitivities

[†]This is not an exhaustive list of medical conditions; be sure to ask your patients about their medical history.



Reminders for your patient

- Take ONLY 1 medicine that contains the same kind of active ingredient (acetaminophen or NSAID) at a time.
- Do not exceed the dose on the label directions. Always read and follow the label.
- For NSAIDs, take the smallest effective dose—and take it for the shortest amount of time needed.

Why?

- If you take more than 1 medicine with the same kind of active ingredient at a time, it can increase your chance of harmful side effects.
- Taking more than directed does NOT equal faster relief. It can lead to harmful side effects.

REFERENCES: 1. https://www.ada.org/en/member-center/oral-health-topics/oral-analgesics-for-acute-dental-pain. 2. U.S. National Library of Medicine. MedlinePlus. Acetaminophen. https://medlineplus.gov/druginfo/meds/a681004.html. Accessed June 6, 2018. 3. Catella-Lawson F, Reilly MP, Kapoor SC, et al. Cyclooxygenase inhibitors and the antiplatelet effects of aspirin. N Engl J Med. 2001;345(25):1809-1817. 4. Elliott WJ. Drug interactions and drugs that affect blood pressure. J Clin Hypertens. 2006;8(10):731-735. 5. Hoftiezer JW, O'Laughlin JC, Ivey KJ. Effects of 24 hours of aspirin, Bufferin, paracetamol and placebo on normal human gastroduodenal mucosa. Gut. 1982;23(8):692-697. 6. Blot WJ, McLaughlin JK. Over the counter non-steroidal anti-inflammatory drugs and risk of gastrointestinal bleeding. J Epidemiol Blostat. 2000;5(2):137-142. 7. U.S. National Library of Medicine. MedlinePlus. Hyperine. https://medlineplus.gov/druginfo/meds/a682159.html. Accessed June 6, 2018. 8. U.S. National Library of Medicine. MedlinePlus. Aspirin. https://medlineplus.gov/druginfo/meds/a682878.html. Accessed June 6, 2018. 9. U.S. National Library of Medicine. MedlinePlus. Opioids. https://www.cdc.gov/drugoverdose/opioids/prescribed.html. Accessed June 6, 2018. 10. Centers for Disease Control and Prevention. Prescription opioids. https://www.cdc.gov/drugoverdose/opioids/prescribed.html. Accessed June 6, 2018. 12. U.S. National Library of Medicine MedlinePlus. Opioid abuse and addiction. https://medlineplus.gov/druginfo/meds/a682132.html. Accessed June 6, 2018. 12. U.S. National Library of Medicine MedlinePlus. Opioidabuseandaddiction.html#. Accessed June 6, 2018. 12. U.S. National Library of Medicine MedlinePlus. Opioidabuseandaddiction.html#. Accessed June 6, 2018. 12. U.S. National Library of Medicine MedlinePlus. Opioidabuseandaddiction.html#. Accessed June 6, 2018. 12. U.S. National Library of Medicine MedlinePlus. Opioidabuseandaddiction.html#.