

Prescribing of Opioid (Narcotic) Medications

Patient-Physician Agreement

The purpose of this contract is to inform you about how you will be taking medications for pain control following your surgery. This is also to educate you about the risks and side effects of narcotics to ensure that ***all state and federal regulations are followed*** concerning controlled substances.

Our surgeon and care team make every attempt to make your recovery as smooth as possible; however, ***NO pain medication will eliminate ALL pain***. Fortunately, the vast majority of patients notice significant pain reduction 2-3 days after surgery and discontinue all pain medications. It is important to taper off pain medications as quickly as possible to decrease potential side effects and addiction. Multiple techniques are used to relieve pain after surgery:

- opioids (narcotics)-prescription required
- NSAIDs, like ibuprofen (motrin or advil), aleve, celebrex, mobic-over the counter
- acetaminophen (tylenol)-over the counter
- ice packs
- compression stocking/dressing
- elevation of operative limb

***It is strongly recommended you alternate between narcotics and other pain medications such as NSAIDS and tylenol, as they work together in different ways to relieve pain.

Limits on Narcotic Prescription Refills (Most patients will NOT require this many pills)

- On the day of surgery, you will receive a prescription narcotic (most commonly oxycodone, hydromorphone (dilaudid), or hydrocodone/acetaminophen (vicodin))
- Within the first 2 weeks before your first postoperative visit, you can call ***ONLY ONCE DURING OFFICE HOURS*** for a refill prescription if necessary. There is a strict ***7-day supply limit*** of opioid prescriptions for treatment for acute pain, which applies to any surgery
- ***After 2 weeks post-operatively, there will be NO prescriptions for narcotic pain medications from your surgeon or the care team.***

In the rare circumstance that a patient requires chronic narcotic medication beyond 2-3 weeks post-operatively, it will be necessary for the patient to obtain those from a pain management specialist or from their primary care physician.

Prescriptions for narcotic pain medicine will **only** be provided during an office visit or during regular office hours. ***No refills of any pain medications will be provided during the evening or over weekends/holidays through our on-call answering service.*** We encourage you to

anticipate when you may run out of medication with sufficient notice to obtain a refill prescription (within the guidelines above). For example, calling our office on late Friday afternoon to request additional medication may not be possible to fulfill and may result in a delay until Monday during office hours.

Opioid (Narcotic) Side Effects (including withdrawal and death)

There are side effects associated with opioid therapy including itching, skin rash, nausea and vomiting, constipation, sleeping abnormalities, sweating, and sedation/drowsiness. Patients also may have impaired concentration, cognition, and/or motor ability, so making important legal or financial decisions and driving should be avoided. Overuse of opioids can cause decreased respiration (breathing) and death. The consumption of alcohol or other narcotic type drugs (e.g. heroin, fentanyl) with opioid medications should be avoided.

Patient-Physician Agreement Regarding Opioid (Narcotic) Prescriptions

I understand that these medications can be very useful, but have a high potential for misuse, addiction and are therefore, closely controlled by the local, state, and federal government. Because my physician is prescribing such medication to help manage my pain, I agree to the following conditions:

- Any signs of addiction, abuse, or misuse of prescriptions shall prompt the need for substance dependence treatment as well as weaning and detoxification from the opioids.
- I will not request or accept controlled substance medications from any other physician or individual while I am receiving such medication from my physician.
- I understand that opioid medication prescribed is strictly for my own use. The opioid medications should **never** be given or provided to others because it may endanger that person's health and is also **against law**.

Print Name _____

Signature _____

Date _____