

Post-operative Medication Instructions

Oral Surgery – Adults/Adolescents

Begin analgesia before the onset of pain.

To minimise nausea try to avoid swallowing blood/ooze from the operative site.

Accurately record drugs administered in an analgesia diary to avoid dose duplication.

Analgesia Options

- 1) Paracetamol 1000mg – dosing interval 6 hours (**See below if Wt < 60kg)
- 2) Ibuprofen (Nurofen/Rapen) 200-400mg – can be given every 6-8 hours.
- 3) Oxycodone 5mg – for severe pain. Dose as prescribed. (Supplied as Endone or Oxynorm)
- 4) Tapentadol 50mg – for severe pain. Dose as prescribed. (Supplied as Palexia IR)

For mild-moderate pain – give regular paracetamol (1000mg) **and** ibuprofen (400mg). Ideally overlap and alternate the drugs to permit something to be given every 3-6 hours.

Example – Paracetamol @ 2pm, Ibuprofen @ 5pm, Paracetamol @ 8pm, Ibuprofen @ 11pm

For moderate-severe pain – take Oxycodone 5-10mg every 3-4 hours. Start with 5mg to monitor for side effects (nausea and sleepiness). This may be taken in addition to regular paracetamol and ibuprofen. This medication may cause drowsiness so do not drive/operate machinery whilst requiring strong painkillers. Where Palexia is prescribed, take as substitution for Oxycodone described above at the prescribed dose and interval.

Antibiotic Options

- 1) Cephalexin 500mg – take as prescribed (500mg 6-8 hourly) (20, 1 rpt)
or
- 2) Roxithromycin 300mg tab – take as prescribed (300mg daily) (5, 1 rpt)
or
- 3) Clindamycin 300mg orally 8 hourly (Preop load – 600mg oral or IV slowly) (150mg, 24, 0 rpt)
or
- 4) Metronidazole 400mg orally 8 hourly (21)

You may be prescribed antibiotics – take as prescribed

Even if no pain commence oral analgesia regime in readiness for local anaesthetic wearing off at

**Body Weight < 60kg – Please reduce paracetamol dosing to every 8 hours (ie Max 3 doses or 3gm per 24 hours).

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