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A GUIDE FOR YOUR RECOVERY

Postoperative Medication Guide

Understanding the purpose, common side effects, and safety precautions of medications prescribed after orthopedic surgery.

Your surgical team may prescribe medications for pain, swelling, infection prevention, blood clot prevention, or other symptoms. **Not every patient needs every medication listed here.** Your personal discharge instructions and prescription labels determine what you should actually take.

QUESTIONS ABOUT YOUR RECOVERY? Contact your orthopedic clinic:
Mammoth Hospital Orthopedics: (760) 924-4084 | **Northern Inyo Orthopedics:** (760) 873-2605
Online: briangilmermd.com | **Facebook** @MammothOrtho | **YouTube** @briangilmermd | **LinkedIn** Brian Gilmer

Important: Check your medications before the first dose at home

Our teams work carefully to match postoperative prescriptions with your usual medications, but medication-list and prescribing errors can still occur. Please review your discharge list with your existing medication list.

If you already take a chronic blood thinner or anticoagulant (for example, Eliquis/apixaban, Xarelto/rivaroxaban, warfarin, Pradaxa/dabigatran, or Lovenox/enoxaparin), **do not automatically add prescribed aspirin or another blood thinner.** Contact your surgeon or prescribing team to confirm your individualized plan **before taking the additional medication**. Do not stop your usual blood thinner on your own.

If the paperwork, prescription bottle, and instructions disagree, clarify the regimen with your surgeon or pharmacist before taking the uncertain dose.

Part 1 | Commonly prescribed medications

These are the medications patients most often ask about after surgery. You may receive only some of them.

NON-OPIOID PAIN RELIEF

Acetaminophen (Tylenol)

Why you may receive it: A first-line pain reliever that helps control discomfort and may reduce the need for stronger opioid medicines. It does not significantly reduce swelling.

Common side effects: Usually very well tolerated; occasional nausea or stomach upset.

Important precautions: Too much can damage the liver. **Do not combine different tablet strengths or multiple acetaminophen-containing products without checking your total daily dose.** Unless instructed otherwise, stay at or below 3,000 mg daily from all sources. Ask about a lower limit if you have liver disease or regularly drink alcohol.

ANTI-INFLAMMATORY PAIN RELIEF (NSAID)

Meloxicam (Mobic)

Why you may receive it: Reduces inflammation, swelling, stiffness, and pain in tissues around the operation.

Common side effects: Heartburn, stomach upset, nausea, swelling, or fluid retention.

Important precautions: Usually taken with food. **Do not add ibuprofen (Advil/Motrin) or naproxen (Aleve)** unless your team approves. NSAIDs may irritate the stomach, cause bleeding, worsen kidney function, or increase cardiovascular risk. Discuss ulcers, kidney disease, dehydration, and blood thinners with your team.

STRONGER PAIN RELIEF (OPIOID)

Oxycodone

Why you may receive it: Treats more severe pain that is not adequately controlled by other medications; generally intended for short-term use as pain improves.

Common side effects: Drowsiness, nausea, constipation, itching, lightheadedness, and slower reaction time.

Important precautions: Do not mix with alcohol. Oxycodone can cause dependence and dangerous slowed breathing, especially with gabapentin, methocarbamol, sleeping pills, or other sedating medications. Do not drive while impaired; store securely away from children. Ask whether naloxone (Narcan) should be available at home.

NEWER NON-OPIOID PRESCRIPTION PAIN RELIEF

Suzetrigine (Journavx)

Why you may receive it: A non-opioid treatment for short-term moderate to severe pain that blocks certain pain signals in peripheral nerves. It does not act on opioid receptors.

Common side effects: Itching, muscle spasms, rash, or changes in a muscle-related blood test (CPK).

Important precautions: Avoid grapefruit. Journavx interacts with some prescription medicines and may affect the reliability of certain hormonal contraceptives. Tell your pharmacist about all medications and birth control you use. Liver disease may require a different regimen.

> ### Journavx: Important information about the first dose
>
> **Journavx requires a starting (loading) dose of 100 mg**, followed by **50 mg approximately every 12 hours** under the usual adult regimen.
>
> **At Northern Inyo Hospital and Mammoth Hospital, our usual clinical practice is to give the 100 mg loading dose at the facility.** Therefore, when you return home you will generally take the prescribed **single 50 mg maintenance tablets** at the scheduled times, not a second loading dose.
>
> **Confirm the time your loading dose was actually given.** The first 50 mg maintenance dose is ordinarily due about 12 hours later. If you did not receive the loading dose, do not know when it was given, or have different discharge directions, contact your care team or pharmacist before taking more medication.
>
> **For readers using this guide as general information:** these facility instructions describe our local prescribing practice, not instructions for every hospital or every patient. The timing and administration of the loading dose are essential to using Journavx correctly.

NAUSEA RELIEF

Ondansetron (Zofran; standard tablet or ODT)

Why you may receive it: Treats nausea and vomiting, which may occur after anesthesia or after opioid pain medications.

Common side effects: Headache, constipation, or occasional dizziness.

Important precautions: The orally disintegrating tablet (ODT) dissolves on the tongue. Contact your care team if you cannot keep fluids down. Tell your doctor if you have a heart rhythm disorder or take other medications that affect heart rhythm.

BLOOD CLOT PREVENTION

Low-dose aspirin

Why you may receive it: Helps reduce postoperative blood clot risk in selected patients. A deep vein thrombosis (DVT) forms in a leg vein; a pulmonary embolism (PE) occurs when a clot reaches the lungs.

Common side effects: Upset stomach, heartburn, easier bruising, or bleeding.

Important precautions: Take only if included in your individualized clot-prevention plan. **If you already take a chronic anticoagulant, do not add aspirin without direct confirmation from your team.** Aspirin with meloxicam or steroids can raise stomach-bleeding risk. Do not discontinue prescribed clot prevention early without discussing it with your team.

Part 2 | Other medications for reference

These medications may be used after certain procedures, in selected patients, or for specific symptoms. They are not routinely appropriate for everyone.

REDUCING BLEEDING IN OPERATED TISSUES

Tranexamic acid (TXA)

Why you may receive it: Helps the body maintain clots that have formed at bleeding tissue by slowing their breakdown. In orthopedic surgery, TXA may help reduce surgical-site bleeding, including bleeding into a joint (hemarthrosis) and related swelling.

Common side effects: Nausea, diarrhea, headache, or muscle and back discomfort.

Important precautions: Tell your team if you have kidney disease, a history of blood clots, or use hormonal contraception or medicines that affect clotting. Some conditions and medication combinations make TXA inappropriate. New vision changes require prompt assessment.

> ### Why might I receive TXA and a medication that prevents clots?
>
> This can seem contradictory, but the medicines act on **different parts of the clotting process** for different goals. **TXA slows the breakdown of clots already formed** and is used to reduce bleeding into operated tissues or the joint. **Aspirin or Lovenox lowers the risk of harmful clots forming in leg veins or traveling to the lungs** (DVT/PE).
>
> A patient may appropriately receive TXA together with prescribed postoperative clot prevention; the combination is **not automatically contraindicated simply because the medicines work differently**. However, TXA is not exclusively local in its action, and its safety depends on the patient's clotting history, medications, and other risk factors. Follow the exact plan established by your surgeon and medical team.
>
> **TXA does not replace aspirin, Lovenox, or another prescribed DVT-prevention medication.**

ALTERNATIVE BLOOD CLOT PREVENTION

Enoxaparin (Lovenox)

Why you may receive it: An injectable anticoagulant used to lower clot risk after certain operations or in patients with additional clotting risk factors.

Common side effects: Bruising or discomfort at the injection site; easier bleeding or bruising.

Important precautions: Follow your injection teaching. Kidney disease may require a dose adjustment. **Do not combine Lovenox with aspirin or a chronic blood thinner unless the exact combination is specifically prescribed and confirmed.**

ADDITIONAL PAIN AND SWELLING MEDICATIONS

Gabapentin (Neurontin)

Why you may receive it: May help with burning, shooting, or nerve-related discomfort after surgery.

Common side effects: Sleepiness, dizziness, fatigue, unsteadiness, or difficulty concentrating.

Important precautions: Can increase falls and dangerous sedation when used with oxycodone, methocarbamol, or alcohol. Kidney disease may require a lower dose; older adults may be more sensitive.

Methocarbamol (Robaxin)

Why you may receive it: May relieve painful muscle tightness or spasm around the operative area.

Common side effects: Sleepiness, dizziness, nausea, or blurred vision.

Important precautions: Avoid alcohol and use extra caution when taking oxycodone or gabapentin. Do not drive while drowsy. It may be prescribed only as needed.

Dexamethasone (Decadron)

Why you may receive it: A short-course steroid that can reduce inflammation, pain, swelling, and nausea.

Common side effects: Difficulty sleeping, increased appetite, mood changes, heartburn, or increased blood sugar.

Important precautions: Often taken in the morning with food. People with diabetes should follow glucose-monitoring instructions. Combined use with NSAIDs may increase stomach irritation or bleeding risk.

STOMACH AND BOWEL SUPPORT

Omeprazole (Prilosec)

Why you may receive it: Reduces stomach acid and may be prescribed during a course of meloxicam or steroids to reduce stomach irritation.

Common side effects: Headache, nausea, stomach discomfort, diarrhea, or constipation.

Important precautions: It lowers acid but does not completely prevent ulcers or bleeding. Report black stools, vomiting blood, or severe abdominal pain.

Docusate sodium (Colace)

Why you may receive it: Stool softener sometimes used for constipation after surgery, particularly with opioid medications.

Common side effects: Mild cramping or loose stools.

Important precautions: Hydration, diet, and movement as allowed by your surgeon also help. Opioid constipation may require another treatment such as polyethylene glycol or senna. Call if you have severe abdominal pain, vomiting, or inability to pass gas.

ANTIBIOTICS / SELECTED INFECTION PREVENTION

An oral antibiotic is not necessary after every surgery. If prescribed, take it exactly as directed. Contact your surgical team for concerning rash or significant diarrhea. **Severe watery diarrhea can occur even after antibiotic treatment ends.**

Cephalexin (Keflex)

Why you may receive it: A cephalosporin antibiotic used for certain skin or wound-related bacterial infections and prophylaxis when indicated.

Common side effects: Nausea, mild diarrhea, or rash.

Important precautions: Tell your team about serious penicillin or cephalosporin allergies.

Cefadroxil (Duricef)

Why you may receive it: A cephalosporin antibiotic sometimes selected for postoperative wound-infection prevention.

Common side effects: Upset stomach, diarrhea, or rash.

Important precautions: Report an allergic reaction or severe diarrhea.

Doxycycline

Why you may receive it: An antibiotic selected in certain circumstances, including when specific bacterial coverage is desired.

Common side effects: Heartburn, nausea, diarrhea, or easier sunburn.

Important precautions: Take with a full glass of water; stay upright for 30 minutes. Calcium, iron, magnesium, and antacids can reduce absorption; ask your pharmacist how to space them.

Trimethoprim-sulfamethoxazole (Bactrim DS)

Why you may receive it: An alternative antibiotic for certain infections or prophylactic situations.

Common side effects: Nausea, rash, upset stomach, or sun sensitivity.

Important precautions: Tell your team about sulfonamide antibiotic allergies, kidney disease, or medicines that raise potassium. A spreading rash, blisters, or mouth sores needs urgent evaluation.

Clindamycin (Cleocin)

Why you may receive it: An antibiotic sometimes chosen when other agents are unsuitable.

Common side effects: Nausea, abdominal discomfort, or diarrhea.

Important precautions: Clindamycin has a notable risk of *C. difficile* intestinal infection. Contact your team promptly for frequent watery diarrhea, fever, or abdominal cramps, even after you finish the medication.

When to get help

CALL 911 OR SEEK EMERGENCY CARE

- **Sudden shortness of breath, chest pain, fainting, or coughing up blood** (possible pulmonary embolism).
- **Very slow breathing, severe unresponsiveness, or inability to wake someone** after opioid/sedating medicines; use naloxone if available.
- **Swelling of the tongue or throat, trouble breathing, or a severe allergic reaction.**
- **Major or uncontrolled bleeding**, vomiting blood, or severe symptoms with black stools.

CONTACT YOUR SURGICAL TEAM PROMPTLY

- New or worsening one-sided calf pain or swelling; increasing redness, fever, drainage, or wound separation.
- Unusual bruising or bleeding, persistent vomiting, severe diarrhea, or pain not controlled by your plan.
- Unclear medication directions, duplicate prescriptions, or a conflict with a medication you already take.

> **Remember**
>
> **Your discharge medication list takes priority over this educational guide.** Not all medications here should be taken together. Never independently add aspirin or another clot-prevention medicine to a chronic anticoagulant regimen, and do not change chronic therapy without checking with your medical team.

This is a general patient-education resource describing common postoperative orthopedic medications and this practice's Journavx workflow. It does not replace an individualized medication reconciliation, a prescription label, or instructions from your surgeon and pharmacist.

Medication information reviewed against current JOURNAVX prescribing information, tranexamic acid labeling, and published orthopedic guidance.