

Post-Operative Medication Instructions

Total Joint Replacement

Please read this guide before surgery and keep it available with your post op medications. Your medication plan may be individualized based on your medical history and other medications.

Before surgery

Pick up all prescribed medications before your surgery date. Bring Journavx with you to the hospital or surgery center if it has been prescribed.

Your Medication Plan

Pain & Inflammation Control

1. Journavx 50 mg (up to 30 days) – This is a sodium channel blocker for primary pain management

- Take 2 tablets before coming to the hospital or surgery center on the morning of surgery, with a small sip of water.
- Then take 1 tablet every 12 hours starting the evening you return home after surgery.
- Bring this medication with you on the day of surgery so doses are not missed.
- Use only if it has been prescribed for you.

2. Meloxicam 15 mg (up to 30 days) – For pain and inflammation management

- Take 1 tablet every morning with food, starting the day after you return home from surgery.
- Do NOT combine with ibuprofen/Advil/Motrin, naproxen/Aleve, diclofenac, Celebrex, or another prescription or over-the-counter anti-inflammatory medication unless specifically instructed.
- Your surgeon may modify or omit meloxicam if you have kidney disease, a history of stomach ulcer or GI bleeding, or take a prescription anticoagulant.

3. Dexamethasone 4 mg (4 days) – Steroid for inflammatory and pain management

- Take 1 tablet twice daily for 4 days, starting the evening you return home after surgery.
- On the day of surgery, take only the evening dose.
- This may not be prescribed if you have diabetes or another medical reason that makes steroid treatment inappropriate.
- Side effects including temporary insomnia, flushing, or higher blood glucose can occur.

4. Tylenol (acetaminophen) 500 mg – pain management

- Take 2 tablets (1,000 mg) three times daily for as long as scheduled pain control is needed.
- This regimen totals 3,000 mg of acetaminophen per day. Do not take additional products containing acetaminophen/Tylenol unless your clinician specifically approves them.
- Your dose may need to be modified if you have significant liver disease or heavy alcohol use.

5. Oxycodone 5 mg - breakthrough pain only

- Take 1-2 tablets every 4-6 hours as needed for severe breakthrough pain. Tablets may be cut in half for a lower dose.
- Take the lowest dose that adequately controls your pain. If your pain requires regular oxycodone dosage for management rather than only occasional for breakthrough pain, please contact our team to be adjusted to a standard post operative narcotic management protocol.
- Do not drive, drink alcohol, or combine oxycodone with sedating medications unless specifically approved.

Blood Clot Prevention

6. Aspirin (enteric-coated) 81 mg

- Take 1 tablet twice daily for 8 weeks after surgery.
- Start the first dose the morning after surgery unless you receive different instructions.
- In addition to medication, get up and walk for about 5-10 minutes during each hour you are awake during the day, as safely tolerated.

If you normally take a prescription blood thinner

If you take Eliquis, Xarelto, Pradaxa, Coumadin/warfarin, Plavix/clopidogrel, or another prescription blood thinner, your surgeon and/or prescribing clinician will give you specific stop and start instructions.

Nausea, Bleeding & Constipation

7. Ondansetron (Zofran) 4 mg

- Take 1-2 tablets every 6 hours as needed for nausea or vomiting.
- You may use this any time after surgery as needed.

8. Tranexamic acid 650 mg (5 days) - if prescribed

- Take 1 tablet twice daily for 5 days for post operative bleeding control, starting the evening you return home after surgery. Finish the prescribed course.
- Not every patient will receive this medication. Your surgeon will determine whether it is appropriate based on your medical history, kidney function, and clotting history.
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Questions?

Please contact Dr. Moore's team at 360-570-3460, ext. 3860 if you have any questions regarding your medications or post op concerns.