

Proliance Skagit Northwest Orthopedics utilizes “multimodal pain control” to control your pain postoperatively while minimizing your exposure to narcotic pain medication. This program starts before surgery with medication before anesthesia to help minimize your pain after surgery, is continued during the procedure with use of blocks from the anesthesiologist and long acting local anesthetic from your surgeon and is continued after the surgery. After surgery, unless allergies or your medical conditions prevent it, you will receive instructions for the use of acetaminophen, ibuprofen and a narcotic pain reliever. Our anticipation is that you will use the acetaminophen and ibuprofen around the clock for baseline pain control and intermittently use the narcotic as needed for more severe pain. We will provide the necessary amount of narcotic pain medication with your post operative prescription. Many patients do not require a refill of the narcotic, and can manage pain with the acetaminophen and ibuprofen alone shortly after surgery. If you feel you need additional narcotic, you may discuss this with your surgeon, but our intention is to wean you off a potentially addictive pain medication as soon as possible. Refills beyond 6 weeks after surgery are very rare. Proliance Skagit Northwest Orthopedics does not provide chronic pain management services, but works very hard to minimize the acute postoperative pain our patients may experience.

As a result of the increasing awareness of narcotic dependence and abuse, Proliance Skagit NW Orthopedics (SNO) will closely manage its patients’ use of opioid pain medications in accordance with the following national recommendations and internal guidelines:

Procedures & Recommendations (copies available upon request):

[AAOS OrthoInfo](#)

[CDC Guideline for Prescribing Opioids](#)

[Washington State Healthcare Authority Opioid & Overdose Response Plan](#)

[Washington State Healthcare Authority Q&A for Apple Health members](#) / [Patient Handout](#)

1. **For patients referred by a medical practitioner outside of SNO:** the referring provider is responsible for managing all pain medications prescribed by them, until a final treatment plan has been recommended by a physician at SNO. The final treatment plan is dependent upon the SNO physician having all of the diagnostic tests available for his/her review in order to make a diagnosis and recommend a treatment plan. Narcotics are rarely part of an ongoing treatment plan and will be determined by the attending provider.
2. **For patients who are self-referred to SNO and are determined to be non-operative:** narcotic pain relievers may not be prescribed at the initial consultation or subsequent visits. In the event a non-operative management strategy is implemented, and narcotic pain management is required, it will likely be limited to a 14-day supply of narcotic medication. A referral to a pain management specialist, other specialist, or primary care physician for ongoing pain management, may be initiated at that time.
3. **For post-surgical patients:** in the event surgery has been performed by a surgeon at SNO, postoperative narcotic pain management by SNO will most often be limited to a 14-day supply of narcotic medication. Careful reassessment and re-evaluation by a SNO provider, will take place for further prescription needs. Much of what we treat is inherently painful, and while we want to be sure

that your pain and recovery is well-managed, it is important to note that some pain is normal and a condition of the healing process.

4. **If the patient has a pain management provider outside of SNO, then the SNO physician will coordinate postoperative pain management with that physician.** After the postoperative period, the patient will resume management with their pain management provider. Any patient requesting narcotic pain medications beyond 6 weeks will be referred to a pain management provider.
5. **For patients who have a current pain management contract with an outside provider:** SNO will not assume refilling baseline narcotics for those patients who are on opiates for chronic pain, or under the care of a primary care provider or pain management physician.
6. **Requests for prescription refills:** if a patient has not been seen in the offices of SNO during the preceding 3 months, no prescriptions will be written without reassessment of the patient.
7. **Prescriptions for narcotics must be electronically submitted by a SNO provider.**
8. Patients should allow 48-72 hours, or 2-3 business days for all prescription refills.