

**PROSTHETIC AND SURGICAL
CONSIDERATIONS FOR IMPLANT
RECONSTRUCTION**

PAIN MANAGEMENT

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PAIN MANAGEMENT

- PRE-OP
- INTRA-OP
- POST-OP

PAIN MANAGEMENT

- PRE-OP
 - LOADING DOSE OF IBUPROFEN OR ACETAMINOPHEN IF DESIRED
 - PATIENT ALSO TO TAKE THEIR REGULAR DAILY MEDICATIONS
UNLESS SPECIFICALLY INSTRUCTED TO DO OTHERWISE (EX —
SOME BLOOD THINNERS)

PAIN MANAGEMENT

- INTRA-OP
 - **GOOD LOCAL ANESTHESIA!!**
 - NITROUS*
 - IF CASE IS BEING PERFORMED WITH SEDATION, ENSURE A SAFE & APPROPRIATE DEPTH OF SEDATION IS ACHIEVED GIVEN THE PATIENT'S MEDICAL HISTORY, AS WELL AS TAKING THE PATIENT'S AND SURGEON'S PREFERENCES INTO ACCOUNT

PAIN MANAGEMENT

- POST-OP
 - ALTERNATE IBUPROFEN AND ACETAMINOPHEN
 - BUPIVACAINE?
 - SPECIAL CONSIDERATIONS/OTHER OPTIONS FOR MEDICATIONS

PAIN MANAGEMENT

- POST-OP
 - ALTERNATE IBUPROFEN AND ACETAMINOPHEN
 - AT A DOSE OF 400MG IBUPROFEN IS EFFECTIVE FOR ANALGESIA, HOWEVER AT A DOSE OF 600MG AN ANTI-INFLAMMATORY ASPECT TAKES EFFECT (BUT NO ADDITIONAL ANALGESIA)
 - THIS ANTI-INFLAMMATORY ASPECT IS IMPORTANT FOR SURGICAL CASES, AS A FAIR AMOUNT OF THE PAIN IS FROM THE INFLAMMATORY RESPONSE

PAIN MANAGEMENT

- POST-OP
 - ALTERNATE IBUPROFEN AND ACETAMINOPHEN
 - RECOMMENDED COURSE IS 600MG IBUPROFEN EVERY 6 HOURS AND 500MG ACETAMINOPHEN EVERY 6 HOURS
 - ALTERNATE BETWEEN THE TWO SO THAT THE PATIENT IS TAKING ONE DRUG EVERY 3 HOURS

PAIN MANAGEMENT

- POST-OP
 - ALTERNATE IBUPROFEN AND ACETAMINOPHEN
 - RELATIVELY LOW INCIDENCE OF ADVERSE EFFECTS WITH THESE DRUGS, BUT BE MINDFUL OF THE PATIENT WITH KIDNEY OR LIVER IMPAIRMENT OR GI ULCERS/BLEEDING

PAIN MANAGEMENT

- POST-OP
 - BUPIVACAINE?
 - A BUPIVACAINE (MARCAINE) INJECTION CAN BE ADMINISTERED TO POSTPONE POST-OP PAIN
 - LASTS 5-8 HOURS
 - LASTS UP TO 72 HOURS IF LIPOSOMAL BUPIVACAINE IS USED (\$\$\$)

PAIN MANAGEMENT

- POST-OP
 - SPECIAL CONSIDERATIONS/OTHER OPTIONS FOR MEDICATIONS
 - IF THE PATIENT IS UNABLE TO TAKE THE USUAL IBUPROFEN/ACETAMINOPHEN COURSE OF DRUGS, OR THIS COURSE IS INADEQUATE FOR THEM, OTHER OPTIONS CAN BE EXPLORED
 - IF THE PATIENT CAN ONLY TAKE ONE OF THE IBUPROFEN/ACETAMINOPHEN COMBINATION, CONSIDER EITHER ONLY USING THE ONE DRUG, OR SWAPPING THE ONE DRUG OUT FOR TRAMADOL

PAIN MANAGEMENT

- POST-OP
 - SPECIAL CONSIDERATIONS/OTHER OPTIONS FOR MEDICATIONS
 - ANOTHER (STRONGER) OPTION TO CONSIDER IS MODIFYING THE IBUPROFEN/ACETAMINOPHEN COMBINATION BY USING AN OPIOID COMBINATION DRUG SUCH AS VICODIN (HYDROCODONE & ACETAMINOPHEN) OR VICOPROFEN (HYDROCODONE & IBUPROFEN) OR OXYCODONE COMBINATION DRUGS (PERCOCET, PERCODAN)
 - CONSIDER THE DOSAGE OF THE OPIOID IN THESE DRUGS (5MG, 7.5MG, 10MG)

PAIN MANAGEMENT

- POST-OP
 - SPECIAL CONSIDERATIONS/OTHER OPTIONS FOR MEDICATIONS
 - BE MINDFUL THAT ANY PRESCRIPTION ONE IS GIVING A PATIENT SHOULD BE APPROPRIATE FOR THE PROCEDURE THAT WAS PERFORMED
 - DENTAL IMPLANTS ARE NOT TERRIBLY PAINFUL SURGICAL PROCEDURES
 - PERSONALLY I WOULD NOT GIVE A PRESCRIPTION FOR ANYTHING STRONGER THAN VICODIN 5MGS FOR DENTAL IMPLANTS, AND MOST PATIENTS WILL BE JUST FINE WITH THE IBUPROFEN/ACETAMINOPHEN COMBO

PAIN MANAGEMENT

- POST-OP
 - SPECIAL CONSIDERATIONS/OTHER OPTIONS FOR MEDICATIONS
 - IF THE PATIENT TAKES OTHER PAIN MEDICATIONS ON A REGULAR BASIS, MAKE SURE THAT THEY CONTINUE TO TAKE THAT MEDICATION AS USUAL
 - IF THE PATIENT CONTINUES TO BE IN ACUTE PAIN POST-OP, CONSIDER SURGICAL COMPLICATIONS
 - AGAIN, DENTAL IMPLANTS SHOULD NOT BE TERRIBLY PAINFUL (MOST PATIENTS RATE POST-OP PAIN AS A 2 OR 3 OUT OF 10)

PAIN MANAGEMENT

- QUESTIONS?
 - I WILL BE AVAILABLE DURING THE BREAK AS WELL FOR ADDITIONAL QUESTIONS/DISCUSSION
 - THANK YOU FOR YOUR TIME AND ATTENDANCE
 - GO JAYS!

