

What is SolvingPain & the Perioperative Pain Management Pathway?

Brought to you by
Ontario's Anesthesiologists
the experts in pain management



SolvingPain is an online initiative that aims to:

- Improve patient outcomes and experiences with pain
- Decrease the # of excessive & unnecessary opioid pills

SolvingPain's first tool:
The Perioperative Pain Management Pathway

Find it at
SolvingPain.ca

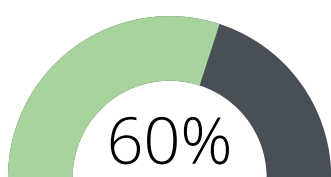
The Pathway features evidence-based best practices for over 50 surgeries including surgery-specific:

- Discharge opioid quantities
- Co-analgesics options
- Non-pharmacological therapies

Use SolvingPain.ca and the Pathway and:

- Optimize your patients' perioperative pain management
- Decrease opioid pill misuse and diversion in your community

Increase in opioid-related deaths in Ontario from 2019 to 2020



As many as
83% of prescribed opioid pills
are not used following elective adult surgeries

SolvingPain.ca is mobile-friendly & designed for busy healthcare professionals like you!

Questions? Comments?

Reach out to us at

info@ontariosanesthesiologists.ca



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Total Hip Arthroplasty

All best practices are subject to change and may require modifications depending on a patient's history and status. Healthcare practitioners should always defer to their clinical judgement and, whenever appropriate, consult with additional resources for further guidance.

Preoperative	Intraoperative	Postoperative (Inpatient)	Discharge Strategies
<ul style="list-style-type: none"> •Acetaminophen 1g •NSAIDs (consider selective COX-2 inhibitors for fewer side effects) •Low-dose gabapentinoids (controversial) •Regional anesthesia <ul style="list-style-type: none"> ◦Consider lateral femoral cutaneous nerve block 	<ul style="list-style-type: none"> •Spinal anesthesia •May consider intrathecal morphine in select patients, often not required 	<ul style="list-style-type: none"> •Hydromorphone 0.2mg IV q5-10min then as needed •Hydromorphone 2-4mg PO q3h then as needed •Celecoxib 100mg PO BID •Acetaminophen 650mg-1g q6h regularly scheduled •Ondansetron 4mg q8h PO then as needed •Consider continuing regional catheter 	<p>MANAGEMENT OF PAIN W/O MEDICATION:</p> <ul style="list-style-type: none"> •Automated cooling system (e.g. Game Ready) •Early physiotherapy •Relaxation techniques (breathing, meditation, mindfulness, etc.) <p>CO-ANALGESICS:</p> <ul style="list-style-type: none"> •Acetaminophen (maximum 4g/day) •NSAIDs (consider selective COX-2 inhibitors for fewer side effects and a prescription for increased compliance) <p>OPIOID PRESCRIPTION*:</p> <p>Recommend: 25 tabs</p> <p>Range: 20-30 tabs</p> <p>For higher numbers, consider a part-fill prescription</p>

[See our sources at SolvingPain.ca/infographicsources](https://www.solvingpain.ca/infographicsources)