ADAM J. CIEN, DO
Orthopaedic & Joint Replacement Surgeon
Adam J. Cien, DO
Orthopaedic Surgeon — Joint Replacement

South Bend Orthopaedics
sbortho.com • 574-247-9441

Your Medications

A plain-language guide for before and after your joint replacement

From Adam J. Cien, DO
Orthopedic Surgeon • South Bend Orthopaedics

A note from me. A joint replacement comes with a short list of medicines. They are not random. Each one is doing a specific job — controlling swelling, easing pain, preventing infection, preventing blood clots — and together they make the first few weeks easier on you.

This guide walks through every medicine I prescribe, when to take it, and what it is doing for you. Read it once now, then keep it next to your pill bottles after surgery. If something is unclear, call us — that is what we are here for.

My pre-op team will also sit down with you and go through your full medicine list before surgery — both what we are adding and what you might need to pause from your everyday list.

— Dr. Cien

How this works

You will get prescriptions from two places. Some come from our office; some you pick up yourself off the shelf. Below is the short list of each so you know what to expect when you walk into the pharmacy.

What we send to your pharmacy

Once your surgery is scheduled, our office sends these to the pharmacy you tell us. Pick them up as soon as they are ready — you want them sitting on your kitchen counter the day before surgery, not the day you get home.

- **Mupirocin nasal ointment** — a small tube; you apply it inside your nose before surgery.
- **Chlorhexidine (CHG) mouthwash** — you swish and spit before surgery.
- **Anti-inflammatory** — either Celebrex or Mobic, taken after surgery to keep swelling down.
- **Blood thinner** — either aspirin 81 mg or Eliquis, taken after surgery to prevent clots.
- **Tranexamic acid** — taken for the first week after surgery to limit bleeding.
- **Pain medicines** — Norco/Percocet, Ultram, used as needed and Journavx.
- **Stool softener and anti-nausea** — Colace and Zofran, used as needed.

Why two choices for the same job

You will only get one anti-inflammatory and one blood thinner, not both of each. We pick the one that fits your other medical conditions. If you have an aspirin allergy or a stomach condition, we switch you to the prescription option (Eliquis instead of aspirin, for example). This is decided at your pre-op visit.

What you buy yourself

A few things are easier and cheaper to buy off the shelf at any pharmacy. You do not need a prescription for any of these:

- **Vitamin C** (500 mg) — one a day, starting 7 days before surgery.
- **Magnesium oxide** (400 mg) — one a day, starting 7 days before surgery.
- **Chlorhexidine (CHG) body wash** — Hibiclens or a generic equivalent. You use this in the shower before surgery.
- **Tylenol (acetaminophen)** — regular strength is fine; you will use this alongside your prescription pain medicine.

★ Fill your prescriptions as soon as they are ready

Do not wait until the day before surgery. Pharmacies sometimes have to special-order tranexamic acid or Journavx. Calling ahead and picking up early means you are not scrambling the night before. Once you have them home, keep all your bottles in one place — a single shelf or a small basket near where you will be recovering.

Before surgery

Vitamin C and magnesium (start 7 days before)

Both are simple, over-the-counter supplements. Vitamin C supports the way your body builds new tissue, and magnesium has been shown to help patients feel less pain after surgery. Neither is a miracle pill — but they are easy, safe, and the data is good enough that I want every patient on them.

How to take them: one Vitamin C (500 mg) and one magnesium oxide (400 mg) by mouth, once a day, starting 7 days before surgery. Take them with food if your stomach is sensitive.

Skin-prep medicines (start 5 days before)

Three medicines work together to lower the bacteria on your nose, mouth, and skin before we make an incision — **mupirocin** in the nose, **chlorhexidine mouthwash** for the mouth, and **chlorhexidine body wash** (Hibiclens) for the skin. The dosing for each is in the **Preparing Your Skin** handout — read that for the actual day-by-day routine.

Why nose, mouth, and skin

Most infections after joint replacement come from bacteria the patient already has on their own body — not from anything in the operating room. Lowering the bacterial load on the three places we cannot fully clean during surgery (inside the nose, inside the mouth, on the skin) is one of the highest-yield things you can do to protect your new joint.

The morning of surgery

You will get specific instructions from our pre-op team about what to take and what to skip the morning of surgery. The general rules:

- **Take only what we tell you to take,** with a small sip of water.
- **Do not take oral diabetes pills** the morning of surgery unless we tell you otherwise.
- **Do your final mouthwash rinse and Hibiclens shower** that morning — these are the last things you do before leaving home.

Not sure what to do with one of your everyday medicines?

Bring your full medicine list — prescription and over-the-counter, including vitamins and supplements — to your pre-op appointment. We will go through it with you and tell you exactly which to keep taking, which to pause, and when to restart. Do not stop or change anything on your own.

After surgery

Once you are home, you have a small toolkit of medicines doing different jobs. This page and the next walk through each one. None of these are forever — most are off the list within a month.

Anti-inflammatory: Celebrex or Mobic

What it does: keeps swelling down. Swelling is what drives most of the pain in the first few weeks, so controlling it is half the battle.

How to take it: Celebrex — one tablet twice a day. Mobic — one tablet once a day. You will only get one of the two. Take it on schedule, not as needed — it works best when it is steady in your system. Three refills are sent with the first prescription if you need them.

Blood thinner: aspirin or Eliquis

What it does: prevents blood clots in your legs and lungs while you are less mobile. This is the single most important medicine on the list for your safety.

How to take it: aspirin 81 mg — one tablet twice a day. Eliquis — one tablet twice a day. You will take this for **30 days** after surgery. Do not stop early, even if you are feeling great. If you have an aspirin allergy or a condition that rules out aspirin, you will be on Eliquis instead.

Tranexamic acid (the first week only)

What it does: helps your body slow down bleeding at the surgical site. Less internal bleeding means less bruising, less swelling, and a smoother first week.

How to take it: two tablets (650 mg each) by mouth, twice a day, for 7 days. Start the **evening of surgery** — so your first dose is that night, not the next morning.

★ Do not skip the blood thinner

Of all the medicines on this list, the blood thinner is the one I worry about people stopping early. Blood clots after joint surgery can be serious. If a side effect is making it hard to take, call us before you stop — we have options.

After surgery, continued

Pain medicines: Norco/Percocet and Ultram

What they do: cover the pain your anti-inflammatory and Tylenol cannot reach. Both are stronger than what you can buy off the shelf, and both are taken **only as needed** — not on a schedule.

How to take them: Norco/Percocet — one tablet every 6 hours as needed. Ultram (tramadol) — one tablet every 6 hours as needed. You can **alternate** between the two if your pain is breakthrough — for example, Norco/Percocet at noon, Ultram at 3 p.m. — instead of doubling up on either one. Most patients are off both within 1–2 weeks.

Journavx (a newer non-opioid pain medicine)

What it does: a recently approved pain medicine that is not an opioid. It does not cause drowsiness, constipation, or the foggy feeling that comes with narcotics, and it does not carry the same dependence risk. Not every patient gets it due to costs; but we will try it get it approved for everyone

How to take it: day one — two tablets in the morning, then one tablet in the evening. Day two and onward — one tablet twice a day. Take with or without food.

Stool softener: Colace

What it does: Norco/Percocet and other pain medicines slow your bowels down. Colace keeps things moving so you do not end up uncomfortable for a different reason.

How to take it: one capsule twice a day, as needed. Start it the day you start the Norco/Percocet, not after you are already constipated.

Anti-nausea: Zofran

What it does: pain medicine and anesthesia can leave you queasy for a day or two. Zofran handles that.

How to take it: one tablet three times a day, as needed. You probably will not need many. Stop it as soon as the nausea passes.

How to use pain medicine well

Pain after a joint replacement is real, but it is also manageable when you use the medicines as a team instead of one at a time. A few principles I want every patient to know.

Ice and elevation come first

Before you reach for a pill, ice the joint and prop it up above your heart. Cold and elevation drive the swelling down, and less swelling means less pain — often faster than a pill kicks in. The Brief Patient Guide walks through this in more detail.

Layer your medicines, do not stack them

Your anti-inflammatory (Celebrex or Mobic) and your Tylenol (acetaminophen) are taken on a steady schedule and they cover most of the pain. Your Norco/Percocet or Ultram is for breakthrough pain on top of that — moments when ice, Tylenol, and the anti-inflammatory together are not enough.

Try this order when pain spikes: (1) check the time of your last anti-inflammatory and Tylenol; (2) ice and elevate for 15–20 minutes; (3) if it is still not controlled, take a Norco/Percocet or Ultram.

★ Watch the Tylenol math

Norco/Percocet already contains Tylenol. Each Norco/Percocet tablet has 325 mg of acetaminophen built in. If you are taking Norco/Percocet around the clock **and** separate Tylenol tablets, you can cross the safe daily limit quickly. The total acetaminophen you should take in a day — from all sources combined — is 3**,000 mg.** When in doubt, count your Norco/Percocet tablets first, then fill in with Tylenol only if you have room left.

★ Do not drive on narcotics

No driving while you are taking Norco/Percocet, Ultram, or any prescription pain medicine. Reaction time, judgment, and reflexes are not where they need to be — even if you feel fine. Arrange rides for your first follow-up and your first physical therapy session, both of which are likely while you are still on these medicines.

Get off them when you can

Most patients are off Norco/Percocet and Ultram within 1–2 weeks. As soon as your pain is controlled with the anti-inflammatory, ice, and Tylenol alone, you can stop the narcotics. There is no prize for finishing the bottle. If you are still needing them past two weeks, call us — that is a signal to look at what else is going on.

If you see a pain management specialist

If you are currently under the care of a pain management specialist, all of your pain medications must come from their office — not from mine. This isn't a formality. Most pain management practices require you to sign an agreement that you'll fill controlled pain medications through one provider only, and filling them anywhere else can put that agreement at risk. Before your surgery, let my office know you have a pain management provider, and we'll coordinate your post-surgery pain plan directly with them so there's no gap and no confusion.

How to reach my team

My team and I are here for you before, during, and after surgery. Please use these to reach us — and if something does not feel right, reach out.

Send a portal message first when you can. Portal messages route directly to the right team member, which is usually faster than a voicemail. For phone calls, expect a callback within **1–2 business days.** Please leave one message only — calling repeatedly slows our response down for everyone, including you.

PATIENT PORTAL	CALL	AFTER HOURS
sbortho.com	**574-247-5164**	**574-247-9441**
Best for non-urgent questions, refill requests, and sharing photos.	Best when you need to talk to someone. Callback within 1–2 business days.	The on-call provider can be reached through the same number after hours.

★ When to go to the ER (do not wait for a callback)

- **Chest pain or shortness of breath.**
- **A calf that is suddenly swollen, hot, or painful.**
- **A fever above 101.5°F, or shaking chills.**
- **Heavy bleeding from the incision, or a fall onto the surgical side.**

We'd rather hear from you twice than miss a real concern.