

ACDF/ACDA INTERVENTION (OPIOID-FREE)

DISCLAIMER: The medications listed below may or may not apply to your surgery. The medications listed here are ones that were used as part of an opioid-free surgery research study, and the exact medications and dosages used for each patient varied depending on the type of surgery that was conducted. This list is not intended to be an all-encompassing list of potential medications that can be used for reducing opioids in your treatment. It is nothing more than an example or guideline of potential opioid-reducing options. This list is not medical advice.



		Spine (ACDF/ACDA)
PreOp	Gabapentin (PO)	300mg (or double current up to 900)
	Tylenol (IV)	1000mg (may substitute to PO if IV Tylenol is not available)
	Meloxicam (PO)	15mg
	Scopolamine Patch	Yes (if age < 75)
	Single-shot Spinal	
IntraOp	Local Injection	0.5% Marcaine plain 5cc
	Block	
	Toradol	30mg IV push x 1 dose (adjust for CrCl) - (given at end of sx or in PACU)
	Zofran (IV)	4mg
	Decadron	10mg
PACU	Cryotherapy	
	Tylenol (IV) - *up to daily maximum dose allowable per institution	1000mg q6h PRN*
	Tylenol (PO) - *up to daily maximum dose allowable per institution	500mg q6h PRN*
PostOp	Cryotherapy	
	Toradol (IV)	15mg q8h x4 doses (can be redosed to a total of 30mg q8h)
	Tylenol (IV) - *up to daily maximum dose allowable per institution	1000mg q6h PRN*
	Tylenol (PO) - *up to daily maximum dose allowable per institution	500mg q6h PRN*
	Gabapentin	300mg PO (or double current up to 900)
	Meloxicam	
	Decadron	
Discharge	Cryotherapy	
	Toradol (PO)	
	Meloxicam	15mg Q24hr x 14d
	Gabapentin	300mg PO (or double current up to 900) x14 day (initiate wean on patients with preop use)
	Tylenol	500mg q4h PRN
	ASA	