

# THE UROLOGY GROUP

www.urologygroupvirginia.com

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1860 Town Center Drive · Suite 150/160 · Reston, VA 20190 · 703-480-0220  
19415 Deerfield Avenue · Suite 112 · Leesburg, VA 20176 · 703-724-1195  
224-D Cornwall Street, NW · Suite 400 · Leesburg, VA 20176 · 703-443-6733  
24430 Stone Springs Blvd · Ste 100 · Dulles · VA 20166

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## PAIN MANAGEMENT - USE OF OPIATES

We know that many conditions (kidney stones, surgery, etc) are quite painful and pain medicine is necessary. Unfortunately, the abuse of opioids in Virginia has become an epidemic. With the increase in prescriptions, there has been an increase in opioid treatment admissions and opioid related deaths. We hope these guidelines for opioid use are helpful.

- Take the least amount needed for pain control.
- Take it only if you have pain. Do not use pain medication to avoid or prevent pain.
- If recommended, use moist heat, ibuprofen, acetaminophen or nonopiate medication for pain first (see below). Try a warm bath or shower or a heating or ice pack.
- Dispose of unused medication after resolution of the medical problem for which it was prescribed, i.e. if you pass your kidney stone or recover from surgery. Protect your family from accidental or experimental use. The elderly and teens are most at risk!

The majority of people addicted to opioids/heroin started by abusing prescription medications. The largest age group that is effected are 15-24 year olds. The largest group that suffer accidental overdoses are 45-54 year olds.

We are concerned about you and your family's health. We hope you find this information helpful.

Common medications and uses:

### NON OPIATE OVER THE COUNTER MEDICATIONS

**Tylenol (Acetaminophen):** for mild/moderate pain. Maximum dose is 4000 mg per day. Discuss with your provider if history of poor liver function.

**Motrin/Advil/Aleve (Ibuprofen):** for mild/moderate pain, decreases swelling. Maximum dose is 3200 mg per day. Discuss with your provider if history of poor kidney function.

**Oxytrol patch (oxybutynin):** patch applied to skin to relax bladder, relieves the urgent need to urinate.

**Azo (pyridium/phenazopyridine):** relieves bladder burning, pain and urgency. Turns the urine orange.

## **NON OPIATE PRESCRIPTION MEDICATIONS**

**Flomax (tamsulosin):** used to relax the kidney tubes when trying to pass a kidney stone or if a stent is placed in the kidney tube. This can help with pain. This can be taken once or twice daily.

**Zofran (ondansetron):** medicine for nausea, ODT = oral disintegrating tablet (melt on tongue).

**Ditropan (oxybutynin):** pill taken by mouth to relax bladder, relieves the urgent need to urinate.

**Uribel/Urelle** (methenamine/sodium phosphate monobasic/phenyl salicylate/methylene blue/hyoscyamine sulfate): relieves discomfort, pain, frequent urge to urinate, and cramps/spasms. Turns the urine blue.

## **OPIATE MEDICATIONS**

**Vicodin/Norco/Percocet:** for severe pain. These have acetaminophen (Tylenol) in them. If taking acetaminophen (Tylenol) as well, remember maximum dose is 4000 mg per day.

**Oxycodone/Dilaudid:** for severe pain.

**B+O suppository (belladonna + opioid):** rectal suppository for bladder spasms. Helps with stent pain and catheter pain. Specialty order at most pharmacy. Carried at My Dr's Pharmacy in Herndon, VA.

**Constipation:** opiates and anesthesia can slow down the bowels and cause constipation. Constipation makes stent pain worse. Straining to have a bowel movement can put stress on the area of surgery. If taking opiate medication, be sure to take an over the counter stool softener or laxative such as Colace (docusate), Senokot or SennaGen (senna), Dulcolax (bisacodyl), Miralax (polyethylene glycol), Milk of Magnesia (magnesium hydroxide). Decrease or hold the medication if loose stools or diarrhea.