

# AMOR PROPIO

AESTHETIC SURGERY

## PAIN MEDICATION AGREEMENT

Pain is a natural part of the healing process and should be expected after surgery. We can never completely eliminate post-surgical pain, however, your surgeon does want you to be comfortable enough to get adequate rest and comply with hourly walking to prevent blood clots/decreased lung function. Narcotic pain meds can be addictive in certain patients with known alcohol/drug abuse history, mood disorders, or genetic predispositions (i.e. family members with known addictions). To minimize known complications from narcotics (decreased lung function/alertness, constipation, potential addiction), we do the following:

- Use a multimodal pain control regimen consisting of NON-narcotic medications and nerve blocks to control your pain (our goal is ~5 out of 10 on the pain scale)
- Prescribe a limited number of opioid and benzodiazepine medications for periods of PEAK pain
- Require a new script for renewal of narcotic/benzodiazepine medications
- **Do NOT prescribe** opioid/benzodiazepine medications **past 45 days** from your surgical date. If continued pain management is required after this period, you will be referred to a pain specialist or primary care physician at **your own expense**

### Your responsibility is the following:

- I will not drive or operate heavy machinery while on narcotics or muscle relaxing medications
- I will not accept any controlled substance prescriptions from another doctor without notification to my surgeon
- I must keep my medications in a safe place
- I will take the medications only as prescribed
- I understand that the surgeon will not supply refills for prescriptions/medications that are lost.
- If my medications are stolen, the surgeon will refill the prescription one time only if a copy of the police report of the theft is submitted to the physician's office
- I will not give or sell my prescriptions to anyone else
- I will only use one pharmacy
- I will appropriately discard any controlled substances that I do not use
- I will keep my scheduled appointments with the surgeon unless I give notice of cancellation 24 hours in advance
- I agree to refrain from all mind/mood altering/illicit/addicting drugs including alcohol unless authorized by the surgeon
- I will agree to undergo screening tests to measure whether I am abusing pain drugs during the time I take them
- I understand that my narcotic medications may be weaned over time with lower dosages and decreased frequency until they are ultimately discontinued
- If terminated from the practice for violation of the above, I will not slander or defame the practice online, in social media forums, or in any other matter

Failure to comply with the above may result in discontinuation of all pain medications by the surgeon with referral to a pain specialist or primary care provider for chemical dependency and continued pain management **at your own expense**.

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PATIENT SIGNATURE

DATE