

# Pain Management after Dermatologic Surgery Cheat Sheet

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Dermatologic surgery (particularly Mohs micrographic surgery) is associated with low overall postoperative pain readily resolvable with nonnarcotic medications.

## TIMING

- > 90% of patients experience pain on day 0
- > 50% of patients experience pain on day 1
- > 10% of patients experience pain on day 2
- > Maximum pain level peak within the first 36 hours after surgery
- > 52% and 30% of patients utilize pain medications on the day of surgery and post-op day 1, respectively

## PATIENT SCREENING TOOLS

- > Pain Catastrophizing Scale (PCS) = predictive of postoperative pain
- > Pain Anxiety Symptoms Scale (PASS) = predictive of postoperative pain
- > Wong-Baker Pain Scale: >4 = predictive of postoperative pain
- > Individual screening questions:
  - > What is your expected level of pain post-operatively?
  - > Have you had difficulty with pain related to past dental procedures

## OBJECTIVE CONSIDERATIONS FOR HIGHER RISK POSTOPERATIVE PAIN RISK

- > Age (<66 years)
- > Women
- > Active tobacco use
- > Large tumor size (>2 cm)
- > Flaps (especially interpolation)
- > Full-thickness skin grafts
- > Numerous same-day procedures
- > High number of MMS stages
- > Nose, lips, genitalia surgical sites

## PREOPERATIVE ANXIOLYSIS

- > Benzodiazepine (preoperative anxiety raises pain score postoperatively): 15-120 min preoperatively
  - > Alprazolam (Xanax) 0.25-3 mg PO
  - > Diazepam (Valium) 2.5-10 mg PO
  - > Lorazepam (Ativan) 0.5-2 mg PO

## INTRAOPERATIVE CONSIDERATIONS

- > Consider long-acting anesthetic intraoperatively or immediately post-operatively (in addition to lidocaine):
  - > Bupivacaine (longest duration with epinephrine), mepivacaine

## POSTOPERATIVE CONSIDERATIONS

### ACETAMINOPHEN

- > Brand name: Tylenol
- > MOA: Unknown, central COX-pathway inhibition
- > Contraindications: chronic liver disease (dose adjust)
- > Dosing:
  - > 325 or 500 mg caplets
  - > >60 years old: 750 mg Q4-6H PRN; 3 g/day maximum
  - > <60 years old: 1000 mg Q4-6H PRN; 4 g/day maximum
  - > Chronic liver disease dosing: < 2 gram/day
- > Pregnancy: B

### NSAIDS

- > Brand names: Advil, Motrin
- > MOA: Central & peripheral COX-pathway inhibition
- > Contraindications: Chronic renal disease (GFR < 60 mL/min or acute kidney injury)
  - > Insignificant risk of bleeding
  - > Ibuprofen (COX-1 & -2 blockade)
  - > Insignificant risk of bleeding
  - > 200 mg coated tablets
  - > 400 mg Q4-6 PRN
- > Pregnancy: B

### EXAMPLE AS-NEEDED NON-OPIOID DOSING

- 1 gram of acetaminophen +/- 400 mg ibuprofen immediately after procedure PRN for pain
  - 1 gram of acetaminophen +/- 400 mg ibuprofen four hours after procedure PRN for pain
  - Repeat every 4 hours thereafter PRN for pain until reaching maximum dose
  - When pain is under control, discontinue ibuprofen first, followed by tapering of acetaminophen
- > The combination of acetaminophen and ibuprofen is superior to acetaminophen alone or in combination with codeine.

### PREGABALIN

- > Brand name: Lyrica
- > MOA: Reduction in release of select neurotransmitters via inhibition of receptor alpha2-delta subunits
- > Benefits: Reduces pain scores at 2 hours postoperatively, decreases opioid use
- > Side effects: Sedation, confusion, restlessness, increased fall risk, nausea, vomiting
- > Contraindications: Angioedema, depression/suicidal ideations, renal failure, COPD, breast-feeding
- > Pregnancy: C
- > Dosing: 50-75 mg PO BID

### OPIOIDS

- > MOA: Opioid receptor agonists
- > Side effects: Nausea/vomiting, constipation, addiction, sedation, seizures, medication cross-reactions (serotonin syndrome)
- > Opioids were previously overprescribed in dermatologic surgery, resulting in improper disposal and potential misuse.
  - > Downward trend for opioid prescription in dermatologic surgery from 2011 to 2020
  - > 2021 Delphi Consensus:
    - > There is no specific scenario after MMS in which a consensus agreement for routine opioid prescription exists.
    - > Avoid routine prescription of opioids in patients undergoing MMS
    - > Limit no. of tablets to <15 (4-5 days), zero refills
    - > Factors that are NOT indications for an opioid prescription:
      - > Age or gender
      - > Self-proclaimed "low pain tolerance"
      - > Previous postoperative pain with prior MMS
      - > Distance traveled to facility and/or pharmacy (geographical convenience)
      - > Less than or equal to 4 MMS stages
      - > Deep defects that do NOT extend to bone
      - > Secondary intention healing, linear repair, flaps ≤ 10 cm<sup>2</sup>, grafts ≤ 20 cm<sup>2</sup>, delayed repair

### TRAMADOL

- > Brand name: Ultram
- > Dosing: 25 mg Q4-6H PRN
- > Opioid of choice in ESRD patients
- > Pregnancy: C

### OXYCODONE

- > Brand names: OxyContin, OxyLR, OxyFast (alone), Percocet (acetaminophen), Percodan (aspirin)
- > Dosing:
  - > <70 years old: 5 mg PO Q4-6H PRN
  - > >70 years old: 2.5 mg PO Q4-6H PRN
- > Pregnancy: C

### HYDROCODONE

- > Brand names: Vicodin, Lortab, Lorcet-HD, Norco (acetaminophen), Zohydro (without acetaminophen)
- > Hydrocodone dosing: 5 mg Q4-6H PRN
- > Pregnancy: C

### CODEINE

- > Brand names: Tylenol with Codeine (#2, #3, #4), Soma Compound (aspirin/carisoprodol/codeine), Empirin with Codeine (aspirin/codeine)
- > Codeine dosing: 15-30 mg Q4-6H PRN
- > Pregnancy: C