Alternatives to Opioids for the Treatment of Pain

Multimodal Analgesic Protocols for Common Dental Procedures

	Common Interventions	Procedural Recommendations	Oral Analgesic Recommendations	Opioid Recommendations
ANTICIPATED PAIN MILD	Frenectomy Routine endodontics Scaling and root planing Simple extraction Simple gingivectomy Subgingival restorative procedures	Short-acting anesthetic: lidocaine or articaine	Ibuprofen 400 mg plus acetaminophen 500-1000 mg q6 hours	Opioids not recommended
ANTICIPATED PAIN MODERATE	Apicoectomy Implant placement Lateral ridge augmentation Periodontal surgery Simple 3rd molar extraction Soft tissue grafting Surgical extraction	Consider long-acting anesthetic: bupivacaine or liposomal bupivacaine +/- dexamethasone 8-10 mg PO	Ibuprofen 400 mg plus acetaminophen 500-1000 mg q6 hours +/- dexamethasone 2 mg PO q12 hours x 4 doses +/- caffeine 100 mg BID	Consider no opioids or prescription of 4-6 pills oxycodone 5 mg PO q6hrs PRN pain
ANTICIPATED PAIN SEVERE	Full-arch extraction with alveoloplasty Impacted or complicated 3rd molar extraction Lateral window sinus augmentation	Use long-acting anesthetic: bupivacaine or liposomal bupivacaine + dexamethasone 8-10 mg PO	Ibuprofen 400 mg plus acetaminophen 500-1000 mg q6 hours *scheduled for first 72 hours +/- dexamethasone 2 mg PO q12 hours x 4 doses +/- caffeine 100 mg BID	Consider no opioids or prescription of 4-10 pills oxycodone 5 mg PO q6hrs PRN pain

If contraindication or allergy to NSAIDs or acetaminophen, strongly consider the following, even for minor procedures:

- Using long-acting local anesthetic (bupivacaine or liposomal bupivacaine) and periprocedural dexamethasone
- Maximizing agent that is not contraindicated (600 mg ibuprofen or acetaminophen 1000 mg q6 hours)
- Prescribing postprocedural dexamethasone (2 mg PO every 12 hours x 4 doses)

Additional considerations:

- *Dentists are advised to counsel patients to take nonopioids on a scheduled basis, adding an opioid only if pain is not adequately controlled.
- Opioid monoproducts are favored over combination formulations. Use of opioid monoproducts for breakthrough pain allows acetaminophen and/or NSAID to be taken as scheduled first-line agents without risk of supratherapeutic dosing or accidental poisoning.
- Ibuprofen sodium may provide faster onset of analgesia than the more commonly available acid formulation.
- If a nonselective NSAID is contraindicated, consider use of celecoxib 200-400 mg.
- If infection is contributing to inflammatory pain, consider addition of topical chlorhexidine and oral antibiotics.
- It is advised that patients with TMD and/or chronic orofacial pain not be prescribed opioids and be referred to specialists.
- Consider managing trauma/pulpitis with analgesia similar to mild/moderate or moderate +/- antibiotics until definitive therapy can be performed or symptoms resolve.