

PAIN CONTROL AFTER SURGERY

Pain after surgery is expected. You and your health care team will work together to lessen the pain. The following information will help you understand your options to help you control your pain and speed your recovery.

Please let your doctor know if you are taking pain medication at home (including over the counter pain medication), recreational drugs, complementary or alternative medicine, or if you are allergic to, or cannot tolerate, certain medications.

What is the goal of pain control? The goal of pain control is to minimize pain, to keep you moving, and to help you heal.

What kind of pain may you experience?

- Surgical site pain, especially when you move. Sitting up, walking, and coughing are important for your recovery but may cause some discomfort, which can be lessened by using pain medication.
- Muscle pain in the neck, shoulders, or back from lying on the operating table.
- Sore or scratchy throat due to a breathing tube during your surgery. This should get better in a few days.

What are your pain control options while in hospital?

A combination of therapies and medications will be used together for better pain control after your surgery. Depending on your health history, you may be given oral medication such as Acetaminophen (Tylenol) and anti-inflammatories such as Celebrex (Celecoxib) or Naproxen (Aleve) to help **decrease the amount** of opioids you are given. In addition you may receive a/an:

- Patient-Controlled Analgesia (PCA) pump
- Epidural or Spinal
- Nerve block
- Injection
- Other oral pain medication

Nurses will be checking in on you frequently. If you are having pain, please tell your nurse.

What other things besides medication can you do to help relieve your pain (non-medication therapies)?

- Describe your pain (e.g. sharp or dull, constant or with movement, crampy, etc.).
- If you are experiencing pain with movement, take pain medication 30 minutes before activity if needed.
- Heat or cold therapy. Ask your surgeon if these are appropriate for you.
- Rest. DO have periods of rest but be up and moving about at regular periods during the day.

- Guided imagery is focused relaxation that helps create calm, peaceful images in your mind. You can listen to music through earphones or meditate and visualize. You can look for help with guided imagery in bookstores or online to practice before and after your surgery.
- If you had abdominal surgery, you can splint your incision for comfort while deep breathing and coughing: hold a pillow across the surgical site to help you breathe deeply and cough.

Pain Control At Home

You may be given a prescription for pain medicine to take at home (e.g. an opioid). The pain should gradually lessen with time, usually less than two weeks. **Use opioids only if non-medication therapies and non-opioid medications are not controlling your pain.**

Pain is expected after surgery. We cannot eliminate all pain. It is important to keep your pain level at a manageable level. Pain should be controlled enough that you can breathe deeply and cough, move about at home, and change positions. After surgery, some patients expect to take enough medication to be pain-free. However, it would require a large amount of medicine to be pain-free, which can lead to serious side effects and long-term problems. **It is safer to find the right amount of medicine to bring your pain to a level you can tolerate with which you can function. The goal is *tolerable* pain, not *zero* pain.**

What is an opioid?

An opioid is a strong pain medication, also known as a “narcotic.” Possible side effects of using opioids include: nausea, vomiting, constipation, dry mouth, itchiness, dizziness, drowsiness, confusion, slowed breathing, and addiction. Some examples of opioids are: Hydromorphone (Dilaudid), Morphine, Codeine, and Tramadol.

Do not use alcohol or illicit drugs while you are using an opioid, as the combination can result in an overdose. Do not drive a motor vehicle for at least 24 hours after taking an opioid for pain.

If you have been prescribed an opioid, use the lowest possible dose for the shortest possible time. If your pain is not severe, you may take pain medication such as Tylenol (Acetaminophen) Celebrex (Celecoxib) or Naproxen (Aleve) if ordered by your physician.

- If you experience gas pain and bloating, avoid using opioids, as they can worsen them. Try to walk and keep moving, as this will help you release the gas.
- Nausea and/or vomiting may be a side effect of the opioids. These side effects will usually get better with time. You may require some anti-nausea medication (e.g. Gravol).
- Constipation is a common side effect of opioids. You may require your pharmacist to recommend an over the counter laxative. Keep active, stay hydrated, and have a sensible diet. Eating fruit, especially prunes and prune juice, will also help keep your bowels regular.

Pain Management Guide

How Intense Is My Pain?	What Can I Take to Feel Better?
<ul style="list-style-type: none"> • I hardly notice my pain and it does not interfere with my activities. • I notice my pain and it distracts me, but I can still do activities (sitting up, walking, and standing). 	<p style="text-align: center;">Non medication therapies</p> <p style="text-align: center;">+</p> <p>Non-opioid oral medications You may take these to control mild to moderate pain when needed.</p>
<ul style="list-style-type: none"> • My pain is hard to ignore and is more noticeable even when I rest. • My pain interferes with my usual activities. 	<p style="text-align: center;">Non medication therapies</p> <p style="text-align: center;">+</p> <p>Non-opioid medications You may be told to take them regularly throughout the day rather than as needed.</p>
<ul style="list-style-type: none"> • I am focused on my pain, and I am not doing my daily activities. • I am groaning in pain and I cannot sleep. I am unable to do anything. • My pain is as bad as it could be and nothing else matters. 	<p style="text-align: center;">Non medication therapies</p> <p style="text-align: center;">+</p> <p>Around the clock non-opioid medications</p> <p style="text-align: center;">+</p> <p>Short acting opioids (for a few days) Call your surgeon if your pain continues.</p>

(Adapted from American College of Surgeons/Surgical Patient Education Program, April 2018.)

Should I worry about becoming addicted to opioids?

Anyone who takes prescription narcotics can become addicted. However, **addiction is rare when opioids are used for 5 days or less.** Addiction involves seeking out the drug despite negative effects on your health, family, and/or work.

You may also develop tolerance, meaning that over time you might need higher doses to relieve your pain. This puts you at higher risk for an overdose.

You can also develop **physical dependence**, meaning you have withdrawal symptoms when the medication is stopped suddenly. Withdrawal symptoms include insomnia, anxiety, racing heartbeat, and headaches. If you have any concern regarding addiction or withdrawal symptoms, please notify your Family Physician.

Can I wait to fill my opioid prescription?

Yes, you can wait to see if you have severe pain before filling your opioid prescription or you can request a reduced quantity. **Most people do not realize that over the counter medications (Tylenol and Aleve) and non-medication therapies (ice, heat, guided imagery, and meditation) may be all they need for pain control.** Be prepared with knowledge of your pharmacy's hours if pain develops over the weekend or after hours.

How do I store and get rid of my leftover opioids?

For the safe storage of opioids:

- Keep out of reach of children, teens, and pets
- Hide or lock up medication
- Keep your medication in its original container so you do not take it by mistake
- Keep track of the location and number of pills in the bottle
- Never share your narcotics with anyone else

Return all unused medication to your pharmacy as soon as you are finished with it. Do not save for another time.



DO NOT SHARE OPIOIDS! 50% OF PEOPLE WHO ABUSE OPIOIDS GET THEM FROM A FRIEND OR RELATIVE!

(American College of Surgeons/Surgical patient Education Program/ facs.org/safepaincontrol)

If you are experiencing new severe chest pain, shortness of breath, leg pain, leg swelling, or any significant increase in pain from before, seek immediate medical attention.

References

William Osler Health System, Pain Control after Surgery Safe and Effective Pain control After Surgery, American College of Surgeons/surgical patient Education Program (facs.org/safepaincontrol)

Michigan-OPEN.org