

Information for patients

Managing Pain After Surgery



Acute Pain

Patient Name:

Medicine/s:

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Controlling pain after your operation is important for you as it will help you to get better quickly. When your pain is controlled there is reduced risk of complications. You will be able to move and walk about, take deep breaths and be discharged home earlier.

This booklet will give you information about the pain medication you may be given whilst in hospital as well as the ones you are taking home. We hope to give you general advice about getting the most out of your pain relief, as well as discussing some of the common side effects and how these can be managed.

Pain that happens after surgery can be severe, but it usually gets better quickly. Your health care professional will discuss with you the type of pain relief medication you will need during your hospital stay, as well as the pain medication to take home.

We understand that pain is different for everyone. Some patients will need more pain relief and some will need less. With that in mind, after your operation, we will ask you to rate the level of pain you are having, by asking you to score your discomfort on a 0-10 scale. 0 = no pain whilst 10 = worst pain ever experienced. This helps us to see whether the pain relief is working.

We will also ask you if your discomfort stops you from doing physiotherapy or how the pain interferes with activity such as walking, brushing your hair, coughing or if it interferes with your sleep.

Ways of giving you pain relief

- **Capsules, tablets or liquids** can be used and are taken by mouth. Because of this it takes around 20 – 30 minutes for it to work and you should take these regularly for the first 72 hours after your surgery.
- **Injections** may be given into the vein in your hand or arm (intravenous) or into a muscle (intramuscular). Both methods are quick acting. This form of medication can only be given in hospital.
- **Suppositories** are small capsules which are placed into your back passage (rectum). They are useful if you cannot swallow or if you feel sick.
- **Epidural analgesia** can be used during surgery and after your operation for pain control. An epidural is a fine, flexible tube placed into your back near the nerves coming from the spinal cord. Drugs are given through this tube for pain relief, such as local anaesthetic or morphine. These drugs block the pain messages from reaching your brain. The local anaesthetic may also cause numbness and weakness to your legs. This is to be expected, but things will return to normal after the epidural is stopped. A pump is used to give the pain relieving drugs continuously. The pain relief lasts for as long as the pump is running. When it is stopped, feeling to your legs will return within a few hours. Further information can be found at: www.rcoa.ac.uk/sites/default/files/documents/2020-05/05-EpiduralPainRelief2020web.pdf
- **Spinal anaesthetic** is when pain relieving drugs, such as a local anaesthetic, are injected into your back. The local anaesthetic may also cause numbness and weakness to your legs and this is to be expected. Feeling will return after the local anaesthetic wears off. These drugs block pain messages from reaching your brain. Typically, a spinal will last one to two hours. Other drugs may be injected at the same time to help with pain relief. These last for many hours after the anaesthetic has worn off.

During your spinal anaesthetic you may be:

- fully awake
- sedated – with drugs that make you relaxed, but not unconscious.

Further patient information can be accessed from:

www.rcoa.ac.uk [03-YourSpinal2020web.pdf](#)

- **Nerve block** is an injection of local anaesthetic near to the nerves. There are different types of nerve blocks. Your anaesthetist may find the right nerve using an ultrasound machine. The nerve block will make the area of the body being operated on numb and pain-free for some hours afterwards. Depending on the type of nerve block, you may not be able to move the area of the body being operated on properly during this time.

Further information can be accessed from www.rcoa.ac.uk/patientinfo/leaflets-video-resources

- **Wound infiltration** is an injection of local anaesthetic, and sometimes other pain relief medicine, around the area being operated on. It is given by the surgeon during the operation. Further information can be accessed from www.rcoa.ac.uk/patient-information/patient-information-resources/patient-information-leaflets-video-resources

How often do I need to take pain relievers?

Pain is much harder to control if you let it build up. We recommend that you take your discharge pain medication such as Paracetamol, Non-Steroidal Anti-Inflammatory (NSAID) and Codeine regularly for 72 hours or longer. After that, take as required depending on your comfort levels.

Most tablets take about 20-30 minutes to start working, so it may be an idea to take them before physiotherapy or before bedtime.

Why have I been given lots of different pain relievers?

One type of pain medication may not be enough to control your discomfort. The pain medication you have been given all work in different ways and so can be used at the same time. The combination of tablets should provide you with pain control and fewer side effects than if the tablets were used on their own.

It is also important to follow the instructions of the health care team, such as elevating the operated limb, using slings or soft collars, (if provided), as these are good ways to help to control pain and swelling after surgery. The health care team should advise you on the use of ice or heat to help with post-surgery discomfort.

Cautions with medication

Some pain medications can cause nausea and sickness, itching, constipation, or drowsiness.

Please tell the nurse if you have any of these side effects as these can be treated. Lots of pain medications, change in diet or reduced mobility can cause constipation. Try to eat food that is high in fibre to help with this.

Going home

The health care team will discuss the medication that you will take home. If you have any concerns after you have gone home, or your pain continues contact the surgical ward that cared for you during your hospital stay for advice.

All your pain medication will have a label on, to tell you how often to take them once you are discharged from hospital. Never take more tablets per day than the label says. It is expected that as healing occurs, the pain gets better. This should allow you to reduce your pain medication.

Learn to pace your activity, try not to overdo things, be guided by the physiotherapist advice on activities and exercises. Steady pacing of activities at regular intervals is recommended. Build up your activities gradually.

Safe disposal of unused pain medications

www.recyclenow.com/recycle-an-item/medicines

- ✓ Return them to a community or hospital pharmacy or chemist for safe disposal.
- ✗ **DO NOT** flush medicines down the toilet.
- ✓ The cardboard box that houses the blister packs can be recycled, as can any paper inserts.
- ✓ Medicine blister packs can be recycled at pharmacies participating in the **Terracycle Medicine Packet Recycling Programme**.

Simple pain relief

Paracetamol tablets

Paracetamol is a simple, yet effective pain medication when taken regularly and can be bought at your local pharmacy without a prescription.

DO NOT take more than 8 tablets in 24 hours and do not take any other medicines that contain Paracetamol at the same time, such as Cocodamol, Codydramol, and some cold and flu remedies. Side effects are rare but can include rashes.

Non-steroidal anti-inflammatory (NSAID)

Such as **Ibuprofen, Naproxen, Diclofenac, Etoricoxib** and **Meloxicam**.

These tablets are used to treat mild to moderate pain. They work by reducing swelling and inflammation caused by surgery which in turn reduces the level of pain.

You take this medication with or after food to prevent indigestion symptoms. These tablets can be taken in addition to Paracetamol, Codeine, Tramadol and Morphine. **DO NOT** take more than one anti-inflammatory at any one time. If you have had a previous stomach ulcer, asthma, take aspirin or have problems with your kidneys, these tablets may not be suitable. Please discuss this at preoperative assessment. Some of the common side effects are upset stomach, feeling sick or diarrhoea.

Tablets such as Omeprazole, Pantoprazole or lansoprazole can be given to help prevent some of the above side effects.

Opioids (Stronger pain relief)

Opioid medications are some of the strongest pain relievers and are useful for treating surgical pain and will be given for a very short time after your surgery. Opioids provide pain relief by acting on the spinal cord and block pain signals reaching your brain.

Codeine Phosphate and Dihydrocodeine (Mild opioid)

These are mild opioids and you should continue to take Paracetamol regularly in addition to them.

DO NOT take more than 8 of these tablets in 24 hours. You must not take any other medicines that contain Codeine at the same time. These include Cocodamol, Codydramol, and some cold and flu remedies.

Cocodamol 8/500mg, 15/500mg, 30/500mg tablets (Codeine and Paracetamol)

Cocodamol is a tablet that has Paracetamol and Codeine in it.

DO NOT take more than 8 tablets in 24 hours. You must not take any other medicines that contain Paracetamol, Codeine or Dihydrocodeine at the same time as these tablets.

Opioids (Stronger pain relief) continued

<p>Co-dydramol 10/500mg, 20/500mg, 30/500mg tablets (Dihydrocodeine and Paracetamol)</p>	<p>Codydramol is a tablet that had Dihydrocodeine and Paracetamol in it. DO NOT take more than 8 tablets in 24 hours. You must not take any other medicines that contain Paracetamol, Codeine or Dihydrocodeine at the same time as these tablets.</p>
<p>Tramadol Hydrochloride capsule (moderate opioid)</p>	<p>This is given for moderate to severe pain and acts by blocking pain messages to the brain. DO NOT take more than 8 capsules in 24 hours.</p>
<p>Oral Morphine solution, Oramorph (strong opioid)</p>	<p>This is a liquid Morphine solution and is used when your pain is not controlled by the painkillers mentioned above. It is quick and speedy pain relief. It can be taken just before physiotherapy or when you are experiencing pain and your other pain tablets are not due. It is a strong pain killer. It blocks the pain messages from travelling up the spinal cord to the brain.</p>
<p>Oxycodone Hydrochloride Modified release tablet (strong opioid)</p>	<p>This is a morphine tablet given for severe pain and is used when your pain is not controlled by the pain medication mentioned above. This tablet provides 12 hours of pain relief and is given in the morning and at night. You are usually given four doses only (lasting two days) after your operation. You will not go home with this medication (unless you take it at home before your surgery)</p>
<p>Oxycodone Hydrochloride Immediate Release capsule (strong opioid)</p>	<p>This is a morphine capsule and is used when quick and speedy pain relief is required, for example before physiotherapy. Alternatively, if other pain tablets are not due and you are experiencing pain. If other pain medications give you side effects that you cannot bear, you may need some Oxycodone to take home. These are supplied for a maximum 5 days. This medication is prescribed for you to get over your surgery and is not for long term pain control. If your pain is not getting better despite following your post operative instructions such as elevation or using ice packs, please contact your surgeon or the ward you were on.</p>
<p>Pain patches (strong opioid) such as Matrifen (Fentanyl) or Butrans (Buprenorphine)</p>	<p>Again, these are strong opioid medication that give you pain relief through the skin over a period of days. These may have been started by your GP or pain specialist. We normally advise you to leave your pain patch on before and during surgery, so leave this in place unless told to do otherwise. Please let us know when the patch is due to be changed so we can help you with it.</p>

What dose of opioid should I take?

You should always take the correct dose of prescribed medicines. If you feel the dose isn't enough, or if the side effects interfere with your life, you should discuss this with your health care professional. Never take opioids in greater amounts or more often than prescribed.

Common side effects include:

- feeling dizzy
- feeling sick (nausea)
- being sick (vomiting)
- feeling sleepy (drowsiness)
- feeling confused
- constipation
- Itching

Can I drive whilst taking an opioid medication?

All opioid medicines have the potential to impair driving and you are responsible for making sure you are safe to drive. Please discuss with DVLA and your car insurance provider.

The increased risk of your driving being impaired includes:

- When first starting a new pain medication
- When increasing or reducing the dose of pain medication
- If another prescribed medication is added
- If you take an over-the-counter medicine that can also impair your driving
- If you have a pain condition that could physically impair your driving

Be aware that alcohol taken in combination with some pain medications can substantially increase the risk of accidents and unwanted side effects.

Can I drink alcohol whilst taking an opioid medication?

Alcohol and opioids both can cause sleepiness and poor concentration. You should avoid alcohol completely when you first start on opioids or when your dose has just been increased. If you are taking opioids, you should avoid alcohol if you are going to drive or use tools or machines. When you get on a steady dose of opioid, you should be able to drink a small amount of alcohol without getting any extra unusual effects.

Opioid medications can be an important part of treatment but also come with serious risks, further information can be found at:

- Department for Health Drugs and Driving: the law – www.gov.uk
- Faculty of Pain Medicine of the Royal College of anaesthetists [FPM-Driving-and-Pain-patient-information.pdf](#)
- British Pain Society – opioids aware www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware

Stay safe whilst taking opioids after your surgery

- ✓ Always lock opioid medications safely away – always keep away from children
- ✓ Start to reduce opioids as your pain levels improve
- ✓ Make your family/careers aware – if you are over sedated – call for help
- ✗ **DO NOT** drive if your ability to do so is impaired
- ✗ **DO NOT** drink alcohol when you first start on opioids or when your dose has just been increased
- ✗ **DO NOT** use machinery if your ability to do so is impaired
- ✗ Never keep left over pain medication at home – always take unused medication to your local pharmacy for disposal

Additional pain relief

Pregabalin, Gabapentin, Duloxetine, Amitriptyline

These medications are useful to help control persistent pain or nerve pain, such as trapped nerve in your back. They are especially good for pain that is burning, shooting, stabbing or for pain that keeps you awake at night.

Common side effects include:

- headache
- drowsiness
- sickness (nausea)
- dizziness at rest and moving
- blurred vision
- dry mouth

Most side effects are mild and it is expected that they will reduce after several days. Generally side effects are worse after starting to take the medication or increasing the dose.

Further information can be accessed from:

- Faculty of pain medicine of the Royal college of Anaesthetists
Patient information leaflets Faculty of Pain Medicine fpm.ac.uk

Other medications you may be given

Constipation

Pain medications can cause constipation, causing a hard, dry stool that can feel uncomfortable to pass. The most helpful way to reduce constipation is to act before you become constipated.

- Drink plenty of fluids.
- Eat fibre rich foods such as prunes, vegetables, fruit, cereals.
- Take medication to prevent constipation.

Further information can be accessed from The British Dietetic Association (BDA) The Association of UK Dieticians.

Lactulose solution and Senna tablets

Lactulose solution is a thick liquid and is taken by mouth. It is used to soften your stool.

Lactulose works well with Senna tablets. Senna tablets stimulate your bowel to work. Both medications have a gentle action and will take time to work.

Docusate Sodium

Other alternative aperients such as Docusate sodium may be prescribed, this is both a stimulant and a softener laxative.

However, you know what works best for you and let us know if you take regular laxatives at home and we can prescribe these instead.

For feeling sick

Medication such as Ondansetron, Metoclopramide, Prochlorperazine or Cyclizine tablets can help with the feeling of sickness when you are back on the ward. If you have a history of post-surgery sickness, please let pre-operative assessment and the anaesthetic team know. The anaesthetist will be able to inject some anti sickness medication into your vein during surgery.

What if I already take pain relievers prior to surgery?

Your pain medications may have to be adjusted before your surgery. It is important to fully inform your health care team about all the medications you are taking before your surgery. This includes pain medications such as Morphine, including pain patches.

The healthcare team will consider the pain medication required before surgery and discuss with you the most appropriate way to manage the pain experience post-surgery.

Pharmacy

Prior to surgery your routine medication will be looked at by the pre-operative assessment team, including nurses and pharmacists. If you require any further information regarding medication, the pharmacy helpline number is **01691 404339**.

Acute Pain Clinical Nurse Specialists

They provide a daily ward round. They may come to see you on the ward after surgery if you are having problems controlling your pain after surgery or require support/advice regarding your pain medication.

Useful resources:

- Department of Health
- Taking Opioids for pain: Faculty of pain medicine
- About pain for patients: Faculty of pain medicine
- Thinking about opioid treatment for pain: Faculty of pain medicine
- British Pain Society
- Flippin Pain Resource (for persistent pain support)
flippinpain.co.uk
- Live Well with Pain Resource Home (for persistent pain support)
livewellwithpain.co.uk
- Royal College of Anaesthetists
- British Dietetic Association

References

- British National Formulary (BNF)
- Faculty of Pain Medicine
- The British Pain Society (BPS)
- The Royal Pharmaceutical Society
- The Royal College of Anaesthetists
- The Association of UK Dieticians
- Medicines | Recycle Now

Notes

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If you require a special edition of this leaflet

This leaflet is available in large print. Arrangements can also be made on request for it to be explained in your preferred language. Please contact the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

Feedback

Tell us what you think of our patient information leaflet. Please send your comments to the Patient Advice and Liaison Service (PALS) email: rjah.pals.office@nhs.net

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