

Patient Information

Managing pain after your surgery

This leaflet explains what you can do to prepare for going home after surgery and to help your recovery. It describes the medicines used to reduce pain, and how to use them safely while you recover.

Why have I been prescribed pain relieving medicines?

Some pain after an operation or surgery is normal. The amount of pain will be different for everybody. It's known as **acute pain**, and it can be lessened with pain medicines.

Your healthcare team will develop a plan that includes pain medicines you may already be taking. These reduce the pain which makes it easier to cough, move, walk about and become steadily more active. These activities are vital to your recovery.

It is normal to feel anxious about moving again after surgery. As you recover and gradually increase your activity level, you may notice that your confidence grows as well. It is important to have a plan to help you get there. Perhaps you might want to try something new or do things in a different way.

Pain medicines also make it easier to follow the exercise plan from your physiotherapy team, so you recover more quickly. Being active reduces the risk of complications such as chest infection or clots in the legs or lungs.

As you feel better, stronger and are more active, you should reduce and then stop your pain medicines. If pain persists, contact your healthcare team.

Before your Surgery

What can I do before my operation to improve my recovery afterwards?

Be as active and fit as you can be

Being as active and as fit as you can be helps recovery to be quicker and the pain will reduce and stop sooner.

Sometimes staying active can be tricky if you have pain or problems with joints or other areas of the body, so ask for advice about how to increase your body and heart fitness.

Regular gentle walking several times a day, water-based exercise and exercises done in your chair can all help build fitness. Pace these activities so as not to cause pain or symptom flare ups. Steady and gentle approaches everyday are the most helpful.

Eat healthily

Healthy eating helps wounds to heal, so explore ways to eat more healthy foods, like fruit and vegetables.

Losing extra weight helps reduce many complications, like wound infections. Even small weight loss helps better healing.

Reduce or stop smoking and vaping

This helps lessen the risk of a chest infection, clots in the legs and lungs and other health issues that make your recovery tougher and longer.

Reduce or stop alcohol

This can help the body recover faster after your operation.

Use enjoyable distraction and relaxation

- Bring enjoyable and easy-to-read books into hospital
- Listen to music or podcasts you enjoy
- If you find relaxation or mindfulness techniques helpful, use them through the day, and at night if sleep is difficult
- Audio versions of books, relaxation and mindfulness recordings are worth bringing into hospital too.

After your surgery

When you leave hospital, you will receive advice on how to manage your pain and a prescription for pain medicines. The pain medicines will help manage your pain levels so you can be as active and independent as possible.

The pain levels will lessen as your body heals and you steadily increase your daily physical activities in your home and outside.

If you are still struggling with high levels of pain even with pain medicines, you should ask for a review with your GP or NHS111 if out of working hours.

What can I do after my operation to reduce pain and recover well?

Manage your medicines safely

Follow the advice on the best way to use your pain medicines so you make a good recovery.

Remember to take pain medicines (such as paracetamol and ibuprofen) regularly, as advised by your healthcare team on discharge.

Learn to pace your activity

Try not to overdo things just because you're having a 'good day.'

This is sometimes called a "boom or bust cycle" and is unhelpful for a steady recovery. It can make you overtired so that you can't do anything the next day.

Steady pacing of activities is better. Choose activities that help build fitness and do them at regular intervals through the day. You'll be more likely to keep it up if you choose activities that you find are fun or rewarding. Always stop before you get overtired and remember to build in rest breaks.

Stay active

Build up your physical activity and do enjoyable daily activities. Activity will help you distract yourself from the pain. For example, you can:

- go for gentle, regular walks
- do enjoyable hobbies or crafts, indoor or garden activities (remember to do these within your recovery limits)

Distraction and other techniques

- use techniques such as watching fun or gripping films or TV programmes
- practise mindfulness, use crosswords and mindfulness colouring books, and try relaxation and breathing techniques.

Medicines to help reduce pain

Simple pain relief

You should obtain a supply of these before you have your surgery as this may help speed up the discharge process. They can be bought over the counter from your pharmacy or from the supermarket. If you don't have a supply at home, they may also be provided when you are discharged from the ward.

If taken regularly they can give very effective pain relief.

Paracetamol

If you have mild pain or discomfort, taking paracetamol regularly every 4 to 6 hours (maximum 4 times a day) can relieve the pain adequately.

The usual dose is TWO 500mg tablets, but you may be advised to take a lower dose of ONE tablet if you weigh less than 50kg or have liver problems.

Do **not** take if you are sensitive to paracetamol products.

Do **not** take any other medicines containing paracetamol if you are taking the maximum dose of paracetamol each day (usually EIGHT 500mg paracetamol tablets each day or FOUR tablets each day if you've been advised to take the lower dose).

Ibuprofen

If you require additional pain relief you may be advised to take ibuprofen in addition to paracetamol.

The usual dose is 200 to 400mg every 6 to 8 hours (maximum dose usually 1200mg a day). It is best to take these tablets with or after food. If you get any discomfort in your stomach, stop taking them.

You may also be given a medicine to protect your stomach (e.g., omeprazole or lansoprazole) whilst taking ibuprofen. You can stop taking these when you stop taking ibuprofen, unless advised to continue by your healthcare team.

Do **not** take ibuprofen if you are sensitive to aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs). Some people with asthma may not be able to take NSAIDs – if you have asthma don't take ibuprofen unless you have taken it before with no problems.

Do **not** take ibuprofen if you have a stomach ulcer, kidney problems, problems with blood clotting or are taking blood thinning (anticoagulant) medicines such as warfarin, apixaban, edoxaban, rivaroxaban or clopidogrel.

Paracetamol and ibuprofen can safely be taken together, even at the same time.

Opioids

Opioid medicines are useful to help reduce higher levels of pain experienced after an operation or injuries like a fractured bone. They are usually prescribed when other pain medicines have not reduced the level of pain enough to allow you to comfortably increase what you are able to do e.g. physiotherapy, getting up and moving about.

There are different types of opioid pain medicines, and they might be used at different times in your recovery or vary depending on other medicines that you are also taking.

You should only need opioid medicines for a short time after surgery. Most people stop them after a couple of days. If you need to take them for longer, it is important to reduce and stop them in a planned way. You may be advised to take other pain medicines as you recover.

Your healthcare team will advise you on the type of opioid medicine to use. They can guide you to use pain medicines safely to reduce the chance of side effects or other problems. Your healthcare team will also recommend how you can best reduce and stop taking pain medicines as soon as you feel able to.

You should reduce and then stop taking opioids as soon as you can as there is a risk of becoming dependent or addicted to them.

If you find it difficult to stop taking opioids by the time agreed, talk to your healthcare team to find other ways of stopping opioids and lessening your pain.

Using opioid pain medicines to prevent pain levels increasing

Using opioid pain medicines **only when you need them** will help you recover better. You'll be able to do more daily activities and keep to the exercise plan from your physiotherapy team.

Think about which activities are likely to increase your pain levels (for example, a longer walk or an outing with friends).

You can then plan for these expected increases in pain by taking your strong opioid pain medicines *before* the activity. This helps keep pain levels controlled. It is the most helpful way to take strong opioids.

As your pain lessens, you can reduce pain medicines. Remember, you should aim to stop taking opioids sooner than other pain medicines like paracetamol.

Constipation: a common side effect of opioids

Constipation is the most common side-effect of opioids and can really upset bowel movements. The most helpful way to reduce constipation is to take action before you are severely constipated.

Three useful things to manage constipation well:

- Drinking fluid helps. You should aim to drink plenty of fluids.
- Eat foods that you know reduce constipation in you. For some people it can be figs, prunes, breakfast cereals, oranges, beans or pulses. Everyone is different.
- Take a laxative medicine every day, to soften your 'poo' or stools and keep your bowels moving most days of the week. Get advice from a pharmacist or GP on the most useful type of laxatives.
 - There are two types of laxatives: those that soften the stool and those that help move it through and out of the bowel. You might need to take both. Nearly everyone should take laxatives until they stop their opioids.

Cautions with opioids

- You must **not** drink alcohol or take other sedatives (e.g. diazepam, zopiclone or other sleeping medications) with strong opioids as the effect may be unpredictable and dangerous.
- If any serious side effects occur, you should stop taking these medicines and seek advice from the healthcare team.
- If these medicines make you feel drowsy you may not be fit to drive or operate machinery. There are laws regarding driving under the influence of these prescribed drugs and there can be serious penalties for people found to have high levels of opioid in their system. For more information go to <https://www.gov.uk/drug-driving-law>
- Opioid medication can result in fatal overdose in some people, particularly children and the elderly. **These drugs must be kept in a secure place out of reach and sight of children.**
- It is very important that you do not give these medicines to any other person and any unused medicine should be returned to your local pharmacist for **safe disposal**.

Opioid examples

Codeine

Codeine is a strong pain reliever but is a weaker opioid than morphine or oxycodone.

Codeine usually comes as a 30mg strength, but 15mg tablets may also be recommended.

The usual dose is ONE or TWO tablets every 4 to 6 hours, up to FOUR times a day. Do **not** take more than prescribed by your healthcare team.

Codeine works best when take with paracetamol and can also be taken at the same time as ibuprofen.

Do **not** mix these with any codeine tablets you may already have at home e.g. co-codamol, co-dydramol or dihydrocodeine.

Tramadol

Tramadol is a strong pain reliever but is a weaker opioid than morphine or oxycodone.

The usual dose is ONE or TWO 50mg capsules every 4 to 6 hours, up to FOUR times a day. Do **not** take more than prescribed by your healthcare team.

Tramadol works best when taken with paracetamol and can also be taken at the same time as ibuprofen.

Tramadol should not be taken with codeine or if you have poorly controlled epilepsy.

Strong Opioids

Strong opioids such as morphine and oxycodone are the two most commonly used strong opioids that can be given by mouth, either in liquid or tablet/capsule form. Morphine sulphate oral solution and oxycodone oral solution and capsules are immediate release medicines that work quickly and usually last for four to six hours.

Morphine sulphate prolonged release capsules and oxycodone prolonged release tablets are slow-release preparations of strong opioid drugs and are not usually used for Acute Pain Management. They may be given for certain long-term conditions such as cancer pain. They are not useful for breakthrough pain.

Morphine sulphate oral solution

The usual strength of Morphine sulphate oral solution used is 10mg in 5mLs.

The usual dose is ONE 5mL measure every 4 to 6 hours **if required**. If you are elderly or more sensitive to opioids you may be advised to take a lower dose of 1.25mLs to 2.5mLs. Do **not** take more than prescribed by your healthcare team.

Do not take for more than 5 to 7 days. If you have severe pain, not managed with morphine sulphate oral solution, or still need to take it regularly after 7 days contact your healthcare team for advice.

Taking Other Pain-Relieving Medicines whilst taking Strong Opioids

It is strongly advised that you take regular paracetamol and ibuprofen (unless you should avoid these). These reduce the amount of strong opioid that you will require and reduce the possible side effects of the stronger drugs.

Medicines such as codeine, dihydrocodeine and tramadol should **not be taken** together with strong opioid drugs. These may be used for a short period after stopping the stronger opioid medication, but this should be done with the help of your hospital healthcare team or GP.

Suggested order for tapering new pain-relieving medicines after surgery

- opioids – reduce these first
- ibuprofen – reduce this next
- paracetamol – reduce this last

If you were on long-term pain-relieving medicines before your surgery, please discuss an individual tapering plan with your GP

If you have any questions

- **In hospital** – please ask the ward staff before leaving if you are unsure of how or when to take your pain medicines.
- **At home** – please call your GP surgery, NHS111, Walk in Centre or local pharmacy.

Keeping a pain management record

Some patients find it helpful to keep a record of the pain relief they are taking.

This helps make sure you don't take too much.

Date and time	What pain relief medicines have I taken?				
Day of my discharge		Time Dose	Time Dose	Time Dose	Time Dose
	Paracetamol				
	Ibuprofen				
	Opioid				
First day at home					
Second day at home					
Third day at home					
Fourth day at home					
Fifth day at home					

Stay safe while taking opioids after your surgery



You should not drive if your ability to do so is impaired.



Always lock opioids safely away. Keep them away from children at all times.



Start reducing opioids as your pain level improves and interferes less with the things you are trying to do.



Never keep leftover opioids at home. Do not throw them in the bin. Always take unused opioids to your local pharmacy for disposal.



Tell your carers to call 999 if they can't wake you up or if your breathing is very slow. Tell them to tell doctors or paramedics you take opioids for pain.

References:

Adapted from Pain Society Patient Information leaflet 2022: Managing pain after your surgery

https://www.britishpainsociety.org/static/uploads/resources/files/pain_management_print-ready_atwork_2.pdf

Further information:

Internet Resources (can be found via google or any other search engine)

Faculty of Pain Medicine: Taking opioids for pain

<https://fpm.ac.uk/opioids-aware/information-patients>

<https://fpm.ac.uk/sites/fpm/files/documents/2019-09/FPM-OA-taking-opioids.pdf>

British Pain Society: *Understanding and managing pain: information for patients*

<https://www.britishpainsociety.org/people-with-pain/patient-publications/>