Pain Management after Surgery

This handout explains pain after surgery and what to expect.

Pain
Pain is a normal part of healing and common after surgery. Most patients can have less pain when they know their options. Less pain will help you heal faster and get back to your normal life. It may not be possible to get rid of all of your pain, but we will work with you to control your pain so you are able to do every day things like walk to the bathroom.

The scale below helps you let your doctor or nurse know how much pain you have. You can also use the words mild, moderate, or severe. Ask for medicine when you first feel pain. Do not wait until it gets severe.

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<tbody>
<tr>
<td>No Pain</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Worst Pain Possible</td>
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Talk with your doctor or nurse about:
- Where your pain will be and how much to expect?
- Have you had pain medicine before? What works? What does not?
- Do you take over-the-counter medicine or herbal supplements?
- Have you had side effects like nausea/vomiting, constipation, or dizziness? Most side effects lessen over time or can be managed in other ways.

Pain Control
Both drug and non-drug treatments can help with pain. Many people use two or more methods for the best relief. Each person is different and has a special plan for pain control.

Getting Pain Medicine
After some surgeries, patients may need to take their medicine on a schedule (every 3-6 hours “around the clock” for the first few days).
- People respond differently to the same dose of medicine. Taking medicine “around the clock” may not be safe in patients who are very sleepy, dizzy, unsteady, or have slurred speech.

If you have pain that is not controlled or severe/strange side effects and you are in the hospital, tell your nurse. If you are at home, call your surgeon’s clinic.
Opioids

- Most patients only need opioid pain medicine for a short time before they change to other pain relievers.
- It is very rare to become addicted to opioid medicine used for pain after surgery.
- Take pain medicine with food, unless told otherwise by your surgeon. This may help prevent nausea and vomiting.
- Constipation is the most common side effect.
  - Eat foods high in fiber and drink a lot of fluids.
  - You may need a stool softener or laxative.
- Opioids can have serious side effects. They can:
  - Slow your breathing (Your risk is higher if you have obstructive sleep apnea).
  - Cause respiratory failure (includes severe breathing problems and even death).
  - Make you feel dizzy.
- Think about safety.
  - Do not change positions quickly (i.e., standing up quickly after lying down).
  - Do not drink alcohol.
  - Have a family member or friend help you as needed.

Opioid use before surgery
If you take opioid medicine or other pain medicine before surgery, you may need higher doses after surgery. Pain control after surgery may be more of a challenge with prior opioid use. We will watch closely to make sure you do not get too much medicine.

Our goal is to get your pain back to the level you had before surgery or better. Again, it may not be possible to fully get rid of the pain.

Non-opioids
Do not take Tylenol® (acetaminophen) if you take medicines that already have Tylenol® in them because you may be getting an unsafe amount. Do not take more than 4,000 mg daily. If you have liver disease, talk to your doctor before taking Tylenol.

Medicines with Tylenol® in them include:
- Percocet®
- Endocet®
- Roxicet®
- Fioricet®
- Norco®
- Ultracet®
- Vicodin®
- Tylenol #3®
- Anything with “APAP” or “Acetaminophen” on the label

Other ways to help pain
- relaxed breathing
- imagery (imagine a peaceful place)
- massage
- music
- movies and TV
- talking with others
- keeping parts of your body elevated to help with swelling
- heat or cold (ask your nurse which is right for you)
- TENS (transcutaneous electrical nerve stimulation)