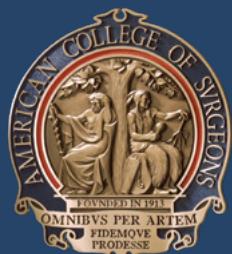


Safe and Effective Pain Control After Surgery

facs.org/safepaincontrol



How will my pain be controlled after my surgery?

- Your surgical team will put together a pain plan for you. The plan tells you how much and when you should take each medication. It will also include:^{1,2}
 - **Screening** for current opioid use and risk for misuse.
 - Tell your surgeon if you have chronic pain, depression, ADHD, substance use disorder (SUD) (by you or a family member), or take opioids.³ These can increase your risk of long-term opioid use and your surgeon will adjust your pain plan to make it safer.
 - **Education** to
 - Use non-opioids first, like ibuprofen (Motrin, Aleve) and acetaminophen (Tylenol)
 - Take the lowest doses of opioids for the shortest time for severe pain
 - Safely store and dispose of any unused opioids



From the operating room to home—your surgical team cares about your best recovery.

The goal of pain control is to minimize pain, keep you moving, and help you heal.
Your team also wants to prevent any long-term opioid use.

How do I know what to take to feel better?

Your pain may be controlled with a combination of non-medication therapies and non-opioid medications. Your surgical team may use local anesthetics (pain blocking medication) at the surgery site, so pain is minimal. For complex procedures, your pain plan may also include opioids. After one to several days, the pain is usually mild and the need for opioids will decrease.⁴⁻⁷

Use the guide below to manage your pain when at home.

Pain Control After Surgery Guide: For Adults⁸⁻⁹

	How Intense Is My Pain?	What Can I Take to Feel Better?
Mild Pain	<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, standing).	<p>Non-medication therapies + Non-opioid, oral medications You may take these to control mild to moderate pain when needed</p>
Moderate Pain	<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>Non-medication therapies + Non-opioid medications You may be told to take them regularly throughout the day rather than as needed</p>
Severe Pain	<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>Non-medication therapies + Around-the-clock non-opioid medications + Short-acting opioids (for a few days) Call your surgeon if your pain continues</p>

Can I wait to fill my opioid prescription?

Yes, you can wait to fill: You might be able to control your pain with non-opioid medications. For many patients, ibuprofen provides as much pain relief as the opioid, oxycodone (5 mg).¹⁰

If you wait, be prepared with access to a 24-hour pharmacy in case pain becomes **SEVERE** in the middle of the night. Your prescription is good up to 7 days.



What are the most common pain control therapies and medications?

Non-Medication Therapies

Mild Pain	Therapy	Description
	Ice and elevation	As directed, ice and elevation can decrease swelling
	Complementary therapies	Meditation ¹¹ , guided imagery ¹² , acupuncture ¹³⁻¹⁴ , massage ¹⁵ , and music
	Rehabilitation therapies	Occupational and physical therapy
	Exercise	Stretching, walking, and mild exercise

Non-Opioid, Oral Medications

Mild to Moderate Pain	Medication	Common Side Effects*
	Acetaminophen (Tylenol^{®16}): Decreases pain and fever	Nausea, vomiting, headache, and insomnia Liver damage may occur at high doses (greater than 4,000 mg in 24 hours) ¹⁶⁻¹⁷
	Non-steroidal anti-inflammatory drugs (NSAIDs): Decrease swelling and fever Aspirin Ibuprofen (Advil ^{®18} , Motrin ^{®19}) Naproxen (Aleve ^{®20}) Celecoxib (Celebrex ^{®21})	Upset stomach Serious risks: Stomach bleeding or ulcers, heart attack, and stroke Celecoxib has a lower risk of stomach bleeding and/or ulcer formation over the short term ²¹
	Nerve pain medications: Reduce pain from sensitive nerves Gabapentin (Neurontin ^{®22}) Pregabalin (Lyrica ^{®23})	Dizziness, drowsiness, suicidal thoughts, swelling in the hands and feet, weight gain, and blurred vision Risks increase if you have kidney, liver, or heart disease; or have suicidal thoughts

Opioids

Severe Pain	Medication	Common Side Effects
	Opioids: Tramadol (Ultram ^{®24}) Codeine with Acetaminophen (Tylenol #3 or #4) Hydrocodone (Norco ^{®25} , Vicodin ^{®26} , Lorcet) Morphine, Hydromorphone (Dilaudid ^{®27}) Oxycodone (Oxycontin ^{®28}) Oxycodone with Acetaminophen (Percocet ^{®29} , Endocet [®])	Dizziness, nausea (very common), headache, drowsiness, vomiting, dry mouth, itching, respiratory depression (very slow breathing), and constipation Stool softeners are always co-prescribed to prevent severe constipation Serious risks: Prescription opioid risks include misuse, abuse, addiction, overdose (taking too much of the medication), and death from respiratory depression. Your risk of opioid abuse increases the longer you take the medication. ³⁰⁻³² Alert your doctor if you've had problems with opioids in the past.”

*Side effects reported in 3% or more of the patients in the study sample

Patients in a hospice or palliative care program or in treatment for substance abuse or opioid dependence will have an individualized plan for postoperative pain management.

How do I safely use opioids to manage my severe pain?

- ✓ Take the lowest dose possible, for the shortest amount of time.
- ✓ Never take more medication than prescribed.
- ✓ Do not crush pills. This can speed the rate your body absorbs the opioid. This can cause an overdose.
- ✓ Unless told by your provider, never take opioids with antihistamines, sleep aids, sedatives, tranquilizers, anti-anxiety medications, muscle relaxers, alcohol, or another opioid. Combining these medications with opioids increases your risks of side effects.
- ✓ Decrease opioids gradually (taper down). Talk with your surgeon if you are having trouble stopping opioids.



Should I worry about opioid addiction?

For surgical patients, long-term use and **addiction is rare when opioids are used for 5 days or less.**^{2,33-34}

If you take opioids for five or more days:^{2,33-34}

- You may develop **tolerance** meaning that over time you might need higher doses to relieve your pain.
 - You may develop **physical dependence.** This means your body has gotten used to the opioid medication. You may have **withdrawal symptoms** as you stop taking the opioids.
 - **Common Withdrawal Symptoms** are: trouble sleeping, anxiety, irritability, racing heartbeat, and headaches. This is normal; it does not mean you are addicted to the medication.
- Talk to your surgeon if you're having withdrawal symptoms. He or she can help.
 - Sometimes, even if you do everything right and follow your doctors' orders, you can still have problems, like addiction.
 - **Addiction** means you have trouble stopping opioids even though it has negative effects on your health, family, and work.² Talk to your surgeon if you are worried about addiction.
 - You can get help for substance use disorder at the Substance Abuse and Mental Health Services Administration website at samhsa.gov or call the 24-hour helpline at 1-800-662-HELP (4357).

How do I store and safely dispose of my leftover opioids?

For the safe storage of opioids:

- Keep out of reach of children 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



For the disposal of opioids:

- Dispose of your opioids as soon as they are no longer needed for your post-operative pain. This will prevent them from being used by others (diversion).
- Find a drug take-back site in your community. Enter your zip code into the website: <https://apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1>.³⁷
- Ask your doctor or pharmacist how to dispose of your medication.
- If there is no disposal site near you, mix unused medication with coffee grounds or kitty litter in a plastic bag, and then throw it in the trash.³⁷

Do not share opioids.
50% of people who abuse opioids get them from a friend or relative.³⁵⁻³⁶



Call 911 for an opioid overdose. Common signs of opioid overdose are small pupils, very slow breathing, and unconsciousness. **You can die from an opioid overdose.**

Please visit facs.org/safepaincontrol to find more information about the opioid epidemic, medication package labeling, and the references listed in this brochure.

Revised September, 2021

The printing of this brochure is partially supported from an ACS Foundation Education Grant from Pacira Pharmaceuticals, Inc.

The following associations and groups cooperated in development of this program:
American College of Surgeons Patient Education Opioid Workgroup and American College of Surgeons Advisory Councils for: Cardiothoracic Surgery, Colon and Rectal Surgery, General Surgery, Gynecology and Obstetrics, Neurological Surgery, Ophthalmic Surgery, Oral and Maxillofacial Surgery, Orthopaedic Surgery, Pediatric Surgery, Plastic and Maxillofacial Surgery, Rural Surgery, and Urology Surgery. The following associations also collaborated:
American Pediatric Surgical Association, American Society of Hospital Pharmacists, Association of periOperative Registered Nurses, Centers for Disease Control and Prevention, and the Society of Gynecologic Surgeons.

**Please let us know if these materials
helped you. Take our survey:**



Disclaimer: This information is provided by the American College of Surgeons (ACS) to educate you about preparing for your surgical procedure. It is not intended to take the place of a discussion with a qualified surgeon who is familiar with your situation. The ACS has based this material on current scientific information; there is no warranty on the timeliness, accuracy, or usefulness of this content. The use of brand names in this document does not imply endorsement.