Safe and Effective Pain Control
After Surgery
facs.org/safepaincontrol

Controlling your pain after your operation is important. We want to make sure you are informed about how you can work with your surgical team to safely manage your pain.

1. What is safe and effective pain control?

Your surgical team will work with you to:

- Use alternatives to opioids whenever possible
- Screen for current opioid use and risk for overuse
- Educate you about:
  - Using the lowest dose of opioids for the shortest amount of time
  - Safely getting rid of any unused opioids
  - Knowing the signs of opioid overdose

2. What are my options for safe and effective pain control?

Combination therapy along with education can offer the best pain relief. Combination therapy is when medications are given together for better pain control after surgery. Talk to your surgeon first, and see the back page for more information.

Local Anesthetics are placed near a set of nerves (nerve block), the spinal cord (epidural), or the wound site. They can be short-acting (last a few hours) or long-acting (last for 3 days).

Nerve Pain Medications are used to prevent nerve pain and tingling sensations by calming overactive nerves.

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) decrease swelling and fever and treat mild to moderate pain.

Acetaminophen decreases mild to moderate pain and fever. Acetaminophen is often combined with many other pain relief medications, like opioids.

Opioids decrease severe pain. They work mainly in the brain and spinal cord to block pain, slow breathing and cause sleepiness.

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.

3. Should I worry about becoming addicted to opioids?

Anyone who takes prescription opioids can become addicted, but it’s rare when you take opioids for 5 days or less for severe surgical pain. Physical dependence is different from addiction.

Physical dependence means your body is used to the medicine and if you stop abruptly, you can experience withdrawal symptoms (insomnia, anxiety, racing heartbeat, headaches). Withdrawal symptoms can be managed with medication and by gradually decreasing (tapering) your opioid dose.

Addiction involves seeking out the drug despite negative and often devastating effects on your health, family, and work.
4. **What can I do to lower my chances of addiction?**

   The risk of addiction increases the longer you use opioids.\(^5\)

   **To decrease the risk of addiction, your surgeon may:**
   - Encourage you to wait before filling your opioid prescription.
   - Encourage you to stop taking opioids as soon as you can.
   - Give you a few days’ supply of opioids. Ninety percent of patients report that 4 days following their surgery their pain is either mild or gone.\(^6\) If you still have severe pain after 4 days, call your surgical team so they can adjust your medication.
   - Ask questions to see if you are at an increased risk for opioid abuse\(^4\):
     - Do you or a family member have a history of substance use disorder or overdose?
     - Do you have depression or anxiety?
     - Are you currently taking opioid medication?

   If your pain continues, a long-term pain plan will be developed.

5. **When should I take pain medication?**

   **The goal is to keep you moving and control your pain.** Some medication is scheduled (for example, every 6 hours) and others can be taken when you are feeling pain. Here is a guide you might find helpful.

   - I am moving slowly and either have no pain or only a little pain. I don’t really need any medications.
   - I am feeling mild pain and having trouble moving around. I could use some over-the-counter medications.
   - My pain is consuming my thoughts and I am not moving. I would take some stronger medication right now if I could.
   - I can’t do anything. I can’t sleep and I am groaning in pain. I need something right away to help control my pain.

   Call your surgeon if your pain continues.

6. **Are there ways to reduce my pain besides medication?**

   Yes. Talk to your surgeon first before starting:
   - **Ice** is used to decrease swelling.
   - **Distraction** (such as puzzles and games) can help you focus on other activities.
   - **Guided imagery** can help you imagine yourself in a calm, beautiful place.\(^7\)
   - **Holding a pillow over your wound site** can help reduce pain when you walk or take deep breaths. Elevating your extremities may also help to relieve pain.
   - **Keep moving** but don’t overdo activities the first week after your operation.
   - **Physical therapy and range of motion** can help your movement and healing.
   - **Relaxation, meditation, and mindfulness** may help to ease anxiety and improve coping.\(^7\)\(^8\)
   - **Acupuncture** may also help.\(^9\)\(^10\)
7. Can I wait to fill my opioid prescription?

Yes, you can wait to see how much pain you have before filling your opioid prescription. The prescription is good up to 7 days after it is issued.

Talk to your surgeon if you decide to wait. There may be other medications that were ordered to manage the side effects of opioids, which may not be needed.

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

Do not keep unused opioids. Up to 92% of patients report having unused opioids after surgery.[11] Safely dispose of opioids by taking them to a drug take-back program or safe drop site. Visit apps.deadiversion.usdoj.gov/pubdispsearch to find a disposal site in your area. If there is no disposal site near you, mix unused medication in a plastic bag with coffee grounds or kitty litter, then throw it in the trash. If these disposal options are not available, the medications can be flushed down the toilet.[12]

Do not share opioids. Approximately 50% of people who abuse opioids report getting them from family or friends for free.[13] It is a felony to share opioids.[14]

Follow these tips for safe storage of opioids:

- Keep out of reach of children and pets
- Hide or lock up medication when not in use
- Keep your medication in its original container so you do not take it by mistake
- Keep track of the location and the number of pills in the bottle

9. What are the signs of an opioid overdose?

Common signs of opioid overdose are small pupils, trouble breathing, and unconsciousness. You can die from an opioid overdose. Call 911 if you think you or a family member took too much pain medication. Naloxone (Narcan®) may be available over the counter to help treat an overdose and can reverse the effects of opioid and heroin overdose.

10. Do other medications increase the risks of side effects?

Yes, other medications can increase your risk of side effects. Always tell your surgical team about all medications and supplements. Do not mix alcohol with opioids or NSAIDs. This can raise the risk of bleeding or cause you to stop breathing.

Do not take opioids with any of these medications (unless your provider tells you to):

- Antihistamines or sleep aids
- Sedatives or tranquilizers
- Anti-anxiety medications
- Muscle relaxers
- Another opioid

For names of medications in these groups, see the Food and Drug Administration’s safety announcement at fda.gov/Drugs/DrugSafety/ucm518473.htm.

Never take more medication than prescribed. Do not crush pills, which can speed the rate your body absorbs the opioid and cause an overdose. If you have trouble swallowing pills, ask if you can get the medication as a liquid.
### Pain Control Options at a Glance

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>WHAT YOU SHOULD KNOW</th>
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<tbody>
<tr>
<td><strong>Local anesthetics</strong></td>
<td>You may be able to go home with a local anesthetic pump (Q pump) filled with a specific amount of medication for a few days. Long-acting anesthetics wear off after 2-3 days. Take the prescribed medication (like an NSAID) as directed. This will help as the local anesthetic wears off. Possible side effects: Nausea, itching, constipation, low blood pressure, and irregular heart rate (alert your doctor if already having irregular heart beats).</td>
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<tr>
<td><strong>Non-opioid medications</strong></td>
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<td><strong>Nonsteroidal anti-inflammatory drugs (NSAIDs)</strong></td>
<td>If you will be on the anti-inflammatory for several weeks, medication to protect the stomach may be added (pantoprazole, Protonix*, famotidine [Pepcid*], ranitidine [Zantac*], cimetidine [Tagamet*]). Possible side effects: Upset stomach, dizziness, and stomach bleeding.</td>
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<td><em><em>Acetaminophen (Tylenol</em>)</em>*</td>
<td>Be careful to check other medications that may also contain acetaminophen. It is commonly added to over-the-counter cold and pain medications. Possible side effects: Nausea, vomiting, stomach pain, diarrhea, constipation, and liver damage (greater than 4,000 mg in 24 hours).</td>
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<td><strong>Nerve pain medications</strong></td>
<td>Alert your surgeon if you are pregnant, have kidney, liver, or heart disease and if you are depressed or have suicidal thoughts. Possible side effects: Dizziness, drowsiness, suicidal thoughts, swelling in the hands and feet, and weight gain.</td>
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<tr>
<td><strong>Opioids</strong></td>
<td>You can become physically dependent or addicted to opioids. Because of impaired judgement do not drive or make big decisions while taking opioids for postsurgical pain. Side effects are common, and medications are usually added to manage them.</td>
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<tr>
<td><strong>Side Effect</strong></td>
<td><strong>How to Manage</strong></td>
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<td>Nausea and vomiting</td>
<td>Anti-nausea medications (metoclopramide [Reglan*], or a scopolamine patch)</td>
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<td>Constipation</td>
<td>Stool softeners (Senokot*, Colace*)</td>
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<td>Very slow breathing</td>
<td>Count the number of breaths per minute. If less than 10, wake the patient and have them take deep breaths.</td>
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<td>Itching</td>
<td>Diphenhydramine (Benadryl*)</td>
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<td><strong>Additional Therapies</strong></td>
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<td><strong>Ice</strong></td>
<td>Ask your surgeon if it is ok to apply to the incision site and be careful not to apply directly to the skin. Rotate on and off usually for 20 minute cycles.</td>
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<td><strong>Nonmedical treatments to supplement pain medication</strong></td>
<td>Be sure to ask your health care provider when and how much activity you should be doing after your operation.</td>
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Please visit facs.org/safepaincontrol to find more information and references.

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 endeavored to present information for prospective surgical patients based on current scientific information; there is no warranty on the timeliness, accuracy, or usefulness of this content.

Reviewed January 2018 by the American College of Surgeons Patient Education Opioid Workgroup

This brochure is supported in part from an ACS Foundation Education Grant from Pacira Pharmaceuticals, Inc.