



# SURGICAL PAIN MANAGEMENT

HONORHEALTH®

# Pain management

There are many different methods to help you control pain. Some involve medicines and some don't; You may find the best relief by using two or more of these at the same time.

Medications used to treat your pain include narcotics (opioids), anti-inflammatory medications, and local anesthetics. Medications can be swallowed, injected into your vein, muscle, or near your nerves (nerve blocks).

Talk to your doctor and nurses before your surgery so you know what to expect and how you can participate in your pain control.

## Managing pain after your surgery

You can play an active role in choosing options for treating your pain. After surgery, please help your doctors and nurses measure your pain on a 0 to 10 scale. You and your surgeon should set a reasonable pain control goal for your type of surgery and condition.

You can work with your nurses and doctors before and after surgery to prevent or relieve pain. They will help you understand why pain control is important for your comfort and recovery.

Remember, pain can feel burning, aching, sharp and dull. Pain can also be discomfort that interferes with your daily activities.

## Why manage my pain after surgery?

Managing your pain after surgery will allow you to:

- Enjoy greater comfort while you heal.
- Get well faster. With less pain, you'll get your strength back more quickly, and you'll be able to walk and do your breathing exercises with less discomfort.
- Improve your results. If your pain is well controlled, you'll do better after surgery. You may also avoid some problems that may affect others, such as pneumonia and blood clots.
- The sooner you're able to move after your surgery the sooner you'll heal, and with fewer complications.

## Medications for pain relief

**Analgesics and anti-inflammatory medications:** These drugs can be purchased without a prescription. They can be very helpful by themselves or in combination with narcotic prescription medicines. They're also helpful if you're weaning off a prescription that is a more potent narcotic pain medication.

Medications in this group include acetaminophen (Tylenol®), aspirin and aspirin containing compounds (Excedrin®, Anacin), ibuprofen (Motrin®, Advil®), naproxen (Aleve®), and others. These medications may help reduce swelling and soreness. They may be combined with certain other medications for improved pain control.

Ask your doctor about using these after your surgery. There are times when they're not safe, for example, after some orthopedic surgery procedures.

**Narcotics (opioids):** Morphine, codeine and other narcotics are most often used for short-term pain after surgery. Percocet, which is acetaminophen combined with oxycodone, and Vicodin or Norco, which are acetaminophen combined with hydrocone, are two common narcotic pain relievers that you take by mouth.

Narcotics are effective for severe pain and may cause drowsiness, nausea, constipation or even addiction when used for a prolonged period.

**Local anesthetics:** These medicines, such as bupivacaine, are injected during some surgeries to help block the nerves that make you feel pain. There is little risk of drowsiness or constipation from a local anesthetic, and it may reduce the need for narcotics.

**Skeletal muscle relaxants:** These medicines are rarely given. They're used for a short time after surgery if your doctor expects you to have painful muscle spasms after surgery.

Pain management can help you get well faster with fewer side effects.

## Pain relief routes of delivery

Many pain medications that contain acetaminophen (Tylenol®) that exceed the recommended maximum amount of acetaminophen allowed in a 24-hour period (usually 3000mg) and could result in a life-threatening overdose. If you're taking a prescription pain medication that contains acetaminophen, avoid taking additional over the counter medications containing acetaminophen.

**Tablets or liquid:** Medicines you swallow are more comfortable than injections are and they work just as well. They're inexpensive and easy to use at home. These medicines cannot be used if you're nauseated or vomiting. If you have trouble swallowing pills, discuss this with your healthcare provider. Don't open capsules or crush tablets. This can make you sicker and give you too much pain medication at one time. Don't take tablets or liquid medicines if you're nauseated or vomiting.

**Injections into skin or muscle:** Injected medicines are effective even if you're nauseated or vomiting. You may feel discomfort at the injection site for a short time.

**Intravenously:** Pain relief medicines go directly into a vein using intravenous tubing. One method is Patient Controlled Analgesia. Patient Controlled Analgesia allows you to control your own pain medicine. An intravenous pump is set up administer doses of medicine. You have a push-button control, allowing you to have a dose of pain medicine when needed. For your safety, your doctor sets limits on how much medicine you can receive at any one time. Your nurse can give you more details.

**Injections into the spine or near nerves (nerve block):** An anesthesiologist injects narcotics or a local anesthetic into your back or close to nerves. This method works well if you have surgery on the lower parts of your body, chest surgery, or on a joint. Some patients remain pain-free for hours.

Expect your nurses to watch you closely for complications during the first 24 hours after spine injections.

**Remember:** Nerve blocks are done to numb the area your surgeon was operating on and to give you temporary pain relief after surgery. Nerve block pain relief lasts from one hour to two days after your surgery. As long as the nerve block is working, you may feel little or no sensation in the area the surgeon operated on. As the nerve block wears off, you may begin to experience pain or discomfort.

It's important to begin taking your prescribed pain medication before the nerve block wears off. When you treat your pain at the first sign that the block is wearing off, your pain will be better controlled and more bearable when full sensation returns.

## Alternative pain relief methods

Alternative pain relief methods can be effective for mild to moderate pain and can help boost the effects of pain medications. Alternative pain relief methods include:

- **Knowledge:** Learn about your surgery and what to expect. It can reduce anxiety. With less anxiety, there's less pain.
- **Relaxation:** Exercises such as slow rhythmic breathing can help you relax. Pace your activities, remember, healing takes time.
- **Music** can provide relaxation and distraction. Consider bringing your own music with headphones to the hospital or surgical center. Music channels are on the television in most patient rooms.
- **Touch, temperature, position:** Heat or cold therapy, massage or elevation of the affected area may help lessen pain. Ask your doctor about these for your specific surgery.
- **Alternative and complementary medicine:** Acupuncture has demonstrated benefits in several disorders involving pain.

Other approaches have been beneficial for those suffering from pain. Discuss this with your care team before your surgery.



## Set yourself up for success

### Before surgery

Ask your doctor or nurse what to expect.

- Will there be much pain after surgery?
- Where will it occur and for how long?

Your doctor may prescribe medications to take before your surgery to reduce surgical pain. Follow your doctor's instructions.

### Discuss your pain control options

Talk with your doctors or anesthesia care provider about pain control options that have worked for you in the past.

Be sure to:

- Tell your doctor and nurses about any drug allergies.
- Tell your doctor if you have a personal or family history of addiction problems, or addictive behaviors.
- Ask about medication side effects.

### During your hospital stay

Some patients receive pain medication only upon request. If you feel pain in the first few hours after your surgery, please ask your nurse for pain medication as soon as the next dose is permitted.

### Your surgery start time may change

Due to unexpected events, emergency surgeries, or other surgeries taking more time than expected, your surgery start time may change. Be assured that the surgery staff will keep you and your family informed about changes to your surgery start time.

Once you're in the recovery room, depending on your condition and the condition of other patients, your family will be able to see you for a few minutes.

### Help doctors and nurses measure your pain

You'll be asked to rate your pain on a scale of 0 to 10. Zero is equal to "no pain," and 10 is equal to "the most severe pain you can imagine."

You and your surgeon can work on setting a reasonable pain control goal for your type of surgery and condition, such as having no pain worse than two on the 0 to 10 scale.

You can expect to have some pain after surgery. Our goal is to keep your pain to an acceptable level while also avoiding side effects of medications as much as possible.

## Tell us about your pain

Describing your pain as a number in discussions with your doctors and nurses lets them know how well your pain treatment is working, guides them in recommending therapies, and may affect whether changes are made to your pain treatment plan.

- Tell your doctor or nurse if your pain is not going away or keeps getting worse.
- You will not be a bother.
- Pain can be a sign of problems with your operation.
- The nurses and doctors want and need to know if you're in pain.

## Tapering off pain medication after surgery

Follow your doctor's instructions on pain medication use after surgery. Often, you'll be able to use non-narcotic analgesics and anti-inflammatory medications "around the clock" for the first one to two days after surgery. These medicines are often given by themselves or with stronger narcotic prescription medication at specified intervals for pain that breaks through the non-prescription medication.

Within days after your surgery, you'll notice that you aren't needing pain medication as frequently or you aren't waking up in the middle of the night in pain. At this point, if you're not in pain, it's important that you don't take narcotic medications. Try taking one tablet instead of two when your pain returns, and/or increase the time interval between doses. A few days after your surgery, depending on your procedure, you should be able to reduce your narcotic pain medication by half.

Stopping your narcotic pain medications suddenly can cause you to experience withdrawal symptoms. The symptoms will vary depending on how long you have been taking the medication. Withdrawal symptoms include:

- Abdominal cramping.
- Anxiety.
- Diarrhea.
- Dilated pupils.
- Increased blood pressure.
- Increased heart rate.
- Headache.
- Insomnia.
- Muscle twitching.
- Shortness of breath.
- Sweating.

## Going home after surgery

At the time of discharge, you will be given written instructions for your recovery along with prescriptions for pain medications.

On occasion, you'll be given a prescription for Naloxone (Narcan®). Naloxone is used to treat life-threatening overdoses from narcotic pain medication. In some cases, pharmacies are required to provide you with Narcan. This medication is prescribed if you're taking certain medications, have other medical conditions, or require high doses of pain medications.

## Recovery at home and helpful tips

You can expect to feel some pain after your surgery. Take pain medication and follow any discharge instructions from your doctor. If you have questions about your surgery or treatment, please contact your surgeon or physician.

Safe use tips:

- Keep all pain medication in a secure location and clearly marked to show for what the medicine was prescribed for.
- Talk with your healthcare provider about safe medication dosing and potential interactions.
- Keep a list of all of your current medications, including vitamins.

When your recovery from surgery is complete, properly dispose of any leftover pills so they're not stolen for illicit use.

If you experience withdrawal symptoms while tapering off your pain medication, contact your doctor's office.

# Common side effects of pain medication

Side effects of pain medication, especially those containing narcotics may include:

- Abdominal pain.
- Constipation.
- Dizziness.
- Drowsiness.
- Itching.
- Nausea.
- Urinary retention (trouble passing urine).
- Vomiting.

## Medication for constipation in adults

Of the side effects listed above, constipation is one of the most common. If you're experiencing mild constipation due to opioids, and if you're over 18 years old, use this bowel regimen:

### Day 1-2

- Docusate (Colace®)\* 100mg capsule two to three times per day.
- Senna\* 2 tablets at bedtime. Increase by two tablets at mealtimes up to a maximum of eight tablets per day if no bowel movement by day three.

OR

- Senna S\* (combination of Senna & Docusate) two tablets at bedtime. Increase by two tablets at mealtimes up to a maximum of eight tablets per day if no bowel movement by day three.

**Day 3:** Continue as above and add milk of magnesia\* 30ml, two tablespoons once or twice per day.

**Day 4:** Continue as on day three and add a Biscodyl\* rectal suppository. You may also take an enema if you're uncomfortable.

### Remember:

- Avoid bulk formers such as Metamucil—they can make constipation worse.
- If you develop diarrhea, immediately discontinue your bowel medications.
- As your need for pain medications decreases, you should need fewer bowel medications.

## Alternative methods to manage constipation

Constipation is a particularly common and annoying side effect of narcotic pain medications. Here are some alternative non-drug methods to treat your constipation.

- Increase your intake of fluids (water and apple/prune/apricot juice).
- Eat fresh fruits and vegetables to help ease constipation and promote regularity.
- Physical activity may also help promote regularity.

If these methods are not effective for you, the bowel regimen outlined previously should help you maintain regularity as you continue to take your pain medication.

## Allergic reactions

- Allergic reactions are rare.
- If you have difficulty breathing, swallowing, or if you feel the sensation of your throat closing, consult your surgeon or internist, and/or report to the nearest emergency room for treatment immediately.
- A rash is not an expected side effect and may be an indication that you're allergic to the medication.
- If you get a rash, consult your surgeon or medical doctor immediately.



# Frequently asked questions

### How long will I be on pain medication?

Everyone progresses at a different pace, but most patients take pain medication for a few days after surgery, and sometimes longer for major complex surgeries. Most patients take their pain pills at regular times for the first few days to a week or so. Less frequent dosing is usually enough afterwards, due to the healing process and physical therapy.

### How do I safely stop taking pain medication?

Remember, the vast majority of surgical patients can safely stop taking narcotic pain medications without serious health risks.

However, if you've been taking narcotic pain medication for a long time, don't stop all of a sudden. This can cause a serious health risk. Please speak to your health care provider to discuss a plan for tapering these medications (refer to "Set yourself up for success" on page 4).

### Could I become addicted to pain medication?

Although it's not common for patients to become addicted to surgery-related pain medication. Most patients who get surgery, will get a prescription for pain medication to take for only a short time. Long-term use (more than three or five days) increases the risk of dependence. Tell your doctor if you have a personal or family history of addiction.

For more information about surgical pain management, contact your physician's office or one of HonorHealth's preadmission departments.

- **HonorHealth Deer Valley Medical Center**  
623-879-5279
- **HonorHealth John C. Lincoln Medical Center**  
602-870-6315
- **HonorHealth Scottsdale Osborn Medical Center**  
480-882-6879
- **HonorHealth Scottsdale Shea Medical Center**  
480-323-3024
- **HonorHealth Scottsdale Thompson Peak**  
480-324-7064
- **Greenbaum Specialty Surgical Hospital**  
480-882-6879
- **Piper Surgery Center**  
480-323-3024

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HonorHealth was formed by a merger between Scottsdale Healthcare and John C. Lincoln Health Network. HonorHealth's mission is to improve the health and well-being of those we serve. The healthcare system encompasses:

## Five acute-care hospitals:

- HonorHealth Deer Valley Medical Center.
- HonorHealth John C. Lincoln Medical Center.
- HonorHealth Scottsdale Osborn Medical Center.
- HonorHealth Scottsdale Shea Medical Center.
- HonorHealth Scottsdale Thompson Peak Medical Center.

## Specialized patient care:

- Breast Health and Research Center.
- Greenbaum Specialty Surgical Hospital.
- Heart and Vascular Institute.
- HonorHealth Virginia G. Piper Cancer Care Network.
- Medical Group.
- Piper Surgery Center.
- Rehabilitation Hospital.
- Research Institute.
- Sonoran Health and Emergency Center.
- Virginia G. Piper Cancer Center.
- Virginia G. Piper Pediatric Center of Excellence – Children's Emergency Center.
- Extensive specialty care physician practices, outpatient treatment and surgery centers, medical imaging and much more.

## Foundation and community services:

- Desert Mission Adult Day Healthcare.
- Desert Mission Community Supported Agriculture.
- Desert Mission Food Bank.
- HonorHealth Foundation.
- Desert Mission Living Well: Financial, Career and Home Success.
- Neighborhood Outreach Access to Health.