



Managing your pain after surgery

HONORHEALTH®

Updated Dec 12, 2025

Pain management

Your comfort is important. Recovering from surgery can be hard, but there are many ways to manage pain. This can be done by using medicine, and with other methods that don't use medicine. Often, using both approaches provides the best relief. You can work with your care team to find what will work best for you.

Pain medicine may include narcotics (opioids), anti-inflammatory drugs or local anesthetics. They can be taken by mouth, injected into a vein or muscle, or injected near your nerves through nerve blocks.

Talk with your doctor and nurses before surgery, so you know what to expect and how you can take an active role in managing your pain.

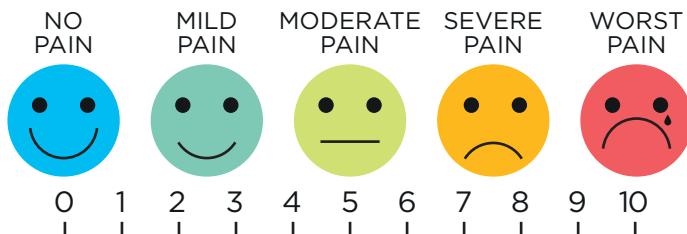
- Share past experiences of pain with your care team
- Come with a list of your questions and concerns
- Feel free to take notes

You play a key role in managing your pain

After surgery, tell your doctors and nurses how you feel using a zero to 10 pain scale. Together with your surgeon, you can create a personalized pain management plan based on your procedure and condition.

Talk with your care team before and after surgery about ways to prevent or ease pain.

They'll explain why managing pain matters for your comfort and recovery. Pain feels different for everyone — it may be burning, aching, sharp or dull. It can also be a constant discomfort that makes daily activities harder.



How pain management helps you heal

Managing your pain after surgery can help you:

- Enjoy greater comfort while you heal.
- Recover faster. With less pain, you'll regain strength sooner and find it easier to walk and do your breathing exercises.
- Improve your outcome. Good pain control can help you heal better and lower your risk of complications such as pneumonia or blood clots.
- Get moving sooner. The earlier you can move after surgery, the sooner — and more smoothly — you'll recover.

Pain management (continued)

Medications for pain relief

- **Over-the-counter pain medicine:** Some pain medicines are available without a prescription and can work well on their own or alongside stronger medications. They can also help when you're easing off prescription pain medicine.

Examples include:

- Acetaminophen (Tylenol)
- Aspirin and aspirin-containing products (Excedrin, Anacin)
- Ibuprofen (Motrin, Advil)
- Naproxen (Aleve)
- These can reduce swelling and soreness. Ask your doctor if these are safe for you after surgery. In some cases, such as after certain orthopedic procedures, they may not be recommended.

A note about acetaminophen (Tylenol):

Some pain medicines contain acetaminophen. Taking more than the safe daily limit (usually 3-4 grams) can be dangerous. If your prescription already has acetaminophen, don't take any extra over-the-counter medicine that contains it.

- **Prescription pain medicine (narcotics or opioids):** Medicines like morphine, codeine and others are often used for short-term pain after surgery. Some common ones you take by mouth include Percocet (acetaminophen with oxycodone) and Vicodin or Norco (acetaminophen with hydrocodone). These can be very effective for severe pain but may cause drowsiness, nausea, constipation or, with long-term use, addiction.
- **Numbing medicines (local anesthetics):** During surgery, your doctor may inject medicine such as bupivacaine to block pain in certain areas. These medicines don't cause drowsiness or constipation and can reduce the need for stronger pain medicine afterward.
- **Muscle relaxers:** These are not used often, and only for a short time when painful muscle spasms are expected after surgery.

Managing pain effectively can make your recovery smoother and easier.

Pain management (continued)

Ways pain medicine can be delivered

Swallowing medicine (tablets or liquid):

Pills or liquid medicine are easy to take at home and work well for many types of pain. They aren't an option if you're feeling very nauseated or vomiting. If swallowing pills is hard, talk to your care team. Never crush tablets or open capsules — it can give you too much medicine at once.

Shots in the skin or muscle:

Some medicines can be injected. They work even if you're nauseated or vomiting. You might feel a little sore where the shot goes in, but it's usually brief.

IV medicine (through a vein):

Some pain medicines go directly into a vein. These medicines are usually administered by a nurse through an IV catheter. You may sometimes receive these medications using a system called patient-controlled analgesia (PCA), which lets you press a button to get medicine when you need it. Your doctor sets limits so it's safe. Your nurse will explain how it works and answer any questions.

Spinal or nerve injections (nerve blocks):

For certain surgeries, medicine can be injected near your spine or specific nerves. This can help keep you pain-free for hours, especially after lower-body, chest or joint surgery. Nurses will watch you closely for the first day to make sure you're safe.

Understanding nerve blocks:

Nerve blocks are used to numb the area where your surgeon worked and give you temporary pain relief after surgery.

The effects can last anywhere from one hour to two days. While the block is working, you may feel little or no sensation in the area.

As the nerve block wears off, you might start to feel pain or discomfort. It's important to start taking your prescribed pain medicine before the block completely wears off. Treating pain early helps keep it under control and more manageable as normal sensation returns.

Alternative ways to manage pain

Alternative pain relief methods can help with mild to moderate pain and may even boost the effects of your pain medicine. Some options include:

- **Knowledge:** Learning about your surgery and what to expect prior to your surgical date can reduce anxiety — and less anxiety often means less pain.
- **Relaxation:** Simple exercises like slow, rhythmic breathing can help you feel calm. Pace your activities and remember that healing takes time.
- **Music:** Listening to music can provide both relaxation and distraction. Bring your favorite music and headphones or use music channels available on most patient room TVs.
- **Touch, temperature and position:** Heat or cold packs, gentle massage or elevating the affected area may help ease discomfort. Ask your doctor if these are safe for your specific surgery.
- **Alternative and complementary medicine:** Acupuncture has been shown to help with certain types of pain.

Other approaches may also help, so talk with your care team before surgery to see what might work best for you.

Set yourself up for success

Before surgery

Talk with your doctor or nurse about what your recovery may feel like. Some questions to consider:

- How much pain can I expect after surgery?
- Where will it be, and how long will it last?

Your doctor may prescribe medicine to take before surgery to help reduce pain. Be sure to follow their instructions.

Discuss your pain control options

Share with your doctor or anesthesia provider what has worked for you in the past.

Make sure to:

- Tell your care team about any drug allergies.
- Share any personal or family history of addiction or addictive behaviors.
- Ask about possible medication side effects.

During your hospital stay

Ask for pain medicine when you need it:

Some patients receive pain medicine only when requested. If you feel pain in the first few hours after surgery, let your nurse know as soon as the next dose is allowed.

Surgery start times may change:

Occasionally, emergencies or longer surgeries can affect your scheduled start time. The surgery team will keep you and your family updated on any changes.

Visiting in the recovery room:

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

Help us understand your pain:

You'll be asked to rate your pain on a scale from zero to 10, where zero is "no pain" and 10 is "the worst pain imaginable." Together with your surgeon, you can set a realistic pain goal for your surgery, such as keeping pain no higher than a two on the scale.

Some pain after surgery is normal. Our goal is to keep it at a comfortable level while minimizing medication side effects as much as possible.

Set yourself up for success (continued)

Tell us about your pain

Sharing how your pain feels helps your doctors and nurses understand how well your pain treatment is working. It also guides them in recommending therapies and deciding if changes are needed.

- Let your doctor or nurse know if your pain isn't going away or is getting worse.
- You won't be a bother — your care team wants to know.
- Pain can sometimes be a sign of a problem with your surgery.
- Your doctors and nurses need your input to keep you comfortable and safe.

After surgery

Tapering off pain medicine after surgery

Follow your doctor's instructions for using pain medicine after surgery. In the first one to two days, you may take non-narcotic pain relievers and anti-inflammatory medicine "around the clock." These can be used alone or with stronger prescription pain medicine for breakthrough pain.

As the days go by, you'll likely notice you need medicine less often and may no longer wake up at night due to pain. When your pain is under control, it's important not to take narcotic medicine unnecessarily. You can try taking one tablet instead of two or lengthening the time between doses. Depending on your procedure, you may be able to reduce your narcotic medicine by half within a few days.

Never stop narcotic pain medicine suddenly, as this can cause withdrawal symptoms. These vary depending on how long you've been taking the medication.

Common opiate narcotic withdrawal symptoms include:

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

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

Set yourself up for success (continued)

Going home after surgery

When you're discharged, you'll receive written instructions for your recovery along with any prescriptions for pain medicine.

Sometimes, your doctor may also prescribe Naloxone (Narcan). Naloxone can reverse a life-threatening overdose from narcotic pain medicine. In certain situations, pharmacies are required to provide it. It may be prescribed if you take specific medications, have other medical conditions or need higher doses of pain medicine.

Recovery at home and helpful tips

It's normal to have some pain after surgery. Take your prescribed pain medicine and follow your discharge instructions. If you have any questions about your surgery or treatment, contact your surgeon or doctor.

Safe use tips:

- Keep all pain medicine in a secure place and clearly labeled with what it was prescribed for.
- Talk with your healthcare provider about safe dosing and possible interactions with other medicines.
- Keep an up-to-date list of all your medications, including vitamins. Once your recovery is complete, safely dispose of any leftover medicine to prevent misuse.

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: Two tablets at bedtime. Increase by two tablets at mealtimes up to a maximum of eight tablets per day *if there is no bowel movement by day three.*

● One Docusate tablet
● Two Senna tablets

DOCUSATE AND SENNA	DAY 1	DAY 2	DAY 3
BREAKFAST	●	●	●●
LUNCH	●	●	●●
DINNER	●	●	●●
BEDTIME	●	●	●

OR Senna S: (combination of Senna and Docusate) two tablets at bedtime. Increase by two tablets at mealtimes up to a maximum of eight tablets per day *if there is no bowel movement by day three.*

SENNA S	DAY 1	DAY 2	DAY 3
BREAKFAST			●
LUNCH			●
DINNER			●
BEDTIME	●	●	●

● Two Senna S tablets

DAY 3

Continue as above and add milk of magnesia: 30 milliliters, 2 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.

Common side effects of pain medication (continued)

Remember:

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

Other ways to manage constipation

Constipation is a common and annoying side effect of narcotic pain medications.

Here are some alternative non-drug methods to treat your constipation:

- Increase the fluids you are drinking (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 (like walking if this is recommended by your doctor).

If these methods do not work for you, the medicine bowel regimen above should help your constipation as you continue to take your pain medication.

Allergic reactions

- Allergic reactions are rare.
- If you have trouble breathing, swallowing or feel your throat closing, call your surgeon or internist, call 911 or go to the nearest emergency room immediately.
- A rash is not a normal side effect and may mean you have an allergy to the medicine. If you get a rash, call your surgeon or doctor right away.

FAQs

How long will I need pain medication?

Everyone heals at a different pace. Most patients need pain medicine for a few days after surgery. This can be longer after complex procedures. Regular doses of pain medicine are usually needed only during the first few days to a week. This becomes less often as you recover and begin physical therapy.

How do I safely stop taking it?

Most patients can stop taking narcotic pain medicine without serious health risks. If you've been taking it for a longer period, do not stop suddenly. This can be dangerous. Talk with your healthcare provider about creating a plan to taper off (refer to "Set yourself up for success" on page 4).

Could I become addicted to pain medication?

Addiction to surgery-related pain medicine is uncommon, but the risk increases with longer use. Most narcotic pain medicines are meant for short-term use only (three to five days). Tell your doctor if you or a family member has a history of addiction.

Disclaimer

Contents of this brochure, such as text, graphics, images and other material contained in this brochure ("Content") are for informational purposes only. The Content is not intended to be a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read in this brochure.

If you think you may have a medical emergency, call your doctor or 911 immediately. HonorHealth does not recommend or endorse any specific tests, physicians, products, procedures, opinions or other information that may be mentioned in the brochure. Reliance on any information provided by HonorHealth is solely at your own risk.

Pre-admission testing contact information

For more information about surgical pain management, call your doctor's office or the HonorHealth Pre-Admission Department.

HonorHealth Deer Valley Medical Center

P 623-683-2700

HonorHealth John C. Lincoln Medical Center

P 602-786-1249

HonorHealth Four Peaks Medical Center

P 480-587-8050

HonorHealth Piper Surgery Center

P 480-323-3210

HonorHealth Scottsdale Osborn Medical Center

P 480-583-0280

HonorHealth Scottsdale Shea Medical Center

P 480-323-3210

HonorHealth Scottsdale Thompson Peak Medical Center

P 480-324-7064

HonorHealth Sonoran Crossing Medical Center

P 623-683-6100

HonorHealth Tempe Medical Center

P 480-587-8075