Managing pain after your surgery

This leaflet explains what you can do to prepare for going home after surgery and to help your recovery. It describes the medicines used to reduce pain, and how to use them safely while you recover.
Why have I been prescribed pain medicines?

Some pain after an operation or surgery is normal. The amount of pain will be different for everybody. It’s known as **acute pain** and it can be lessened with pain medicines.

You will usually be offered pain medicines straight after your operation. Your healthcare team will develop a plan that includes pain medicines you may already be taking. These reduce the pain. This makes it easier to cough, move, walk about and become steadily more active. These activities are vital to your recovery.

It is normal to feel anxious about moving again after surgery. As you recover and gradually increase your activity level, you may notice that your confidence grows as well. It is important to have a plan to help you get there. Perhaps you might want to try something new or do things in a different way.

Pain medicines also make it easier to follow the exercise plan from your physio team, so you recover more quickly. Being active reduces the risk of complications such as chest infection or clots in the legs or lungs.

As you feel better, stronger and are more active, you will reduce and then stop your pain medicines. If pain persists, contact your healthcare team.
Opioid medicines: the basics

Opioid medicines such as morphine are useful to help reduce higher levels of pain experienced after an operation or injuries like a fractured bone. They are most effective when other pain medicines have not reduced the level of pain enough to allow you to comfortably increase what you are able to do e.g. physiotherapy, getting up and moving about.

There are different types of opioid pain medicines and they might be used at different times in your recovery or vary depending on other medicines that you are also taking.

You may only need opioid medicines for a short time after surgery. Most people stop them after a couple of days. If you need to take them for longer, it is important to reduce and stop them in a planned way. You may be advised to take other pain medicines as you recover.

Your healthcare team will advise you on the type of opioid medicine to use. They can guide you to use pain medicines safely to reduce the chance of side effects or other problems. Your clinical team will also recommend how you can best reduce and stop taking pain medicines as soon as you feel able to.
Before your surgery

What can I do before my operation to improve my recovery afterwards?

Be as active and fit as you can be

Being as active and fit as you can be helps recovery to be quicker and the pain will reduce and stop sooner.

Sometimes staying active can be tricky if you have pain or problems with joints or other areas of the body. So ask for advice about how to increase your body and heart fitness.

Regular gentle walking several times a day, water-based exercise and exercises done in your chair can all help build fitness. Pace these activities so as not to cause pain or symptom flare ups. Steady and gentle approaches everyday are the most helpful.

Eat healthily

Healthy eating helps wounds to heal. So explore ways to eat more healthy foods, like fruit and vegetables.

Losing extra weight helps reduce many complications, like wound infections. Even small weight loss helps better healing.
Reduce or stop smoking and vaping
This helps lessen the risk of a chest infection, clots in the legs and lungs and other health issues that make your recovery tougher and longer.

Reduce or stop alcohol
This can help the body recover faster after your operation.

Use enjoyable distraction and relaxation
• Bring enjoyable and easy-to-read books into hospital
• Listen to music or podcasts you enjoy
• If you find relaxation or mindfulness techniques helpful, use them through the day, and at night if sleep is difficult
• Audio versions of books, relaxation and mindfulness recordings are worth bringing into hospital too

What if I’m already taking opioids?
If you are already taking opioids, please talk to your healthcare team.

Depending on timing of your surgery, you may benefit from reducing your opioids beforehand in a safe manner.

This may help with recovery after surgery, particularly in terms of your pain management, wound healing or reducing the risks of infections in body areas like the skin, chest or mouth.
How medicines reduce pain

**Paracetamol** is thought to relieve pain by blocking chemical messengers in the brain and spinal cord.

**Non-steroidal anti-inflammatory drugs (also known as NSAIDs)** such as Ibuprofen block the production of certain body chemicals that cause inflammation and pain.

**Opioids** (for example codeine, tramadol and morphine) provide pain relief by acting on areas in the spinal cord and brain to block the transmission of pain signals. Opioids are considered to be some of the strongest pain medicines.

You should reduce and then stop taking opioids as soon as you can, or by the date on your pain management plan. This is because of the risk of becoming **dependent or addicted to them**.

If you find it difficult to stop taking opioids by the time agreed in the plan, talk to your healthcare team to find other ways of stopping opioids and lessening your pain.

For further information on all pain medicines, read the patient information leaflet provided with the medicine.
Using a pain management plan

One thing you can do to help your recovery after surgery is to use a pain management plan. There’s a plan printed on the following pages for you to use.

A member of your healthcare team, a doctor, nurse or pharmacist will work with you on your plan and fill it in for you.

This will then become your personal Pain Management Plan. It will show you which medicines to take, when to take them and when to reduce and stop them safely.

Take the plan home with you and use it to remind you how to use your medicines safely and when you should be reducing and stopping them.
## My Pain Management Plan

### My name

Filled in by (healthcare team member)

Date filled in

### 1. The pain medicines I have been given

<table>
<thead>
<tr>
<th>Opioids</th>
<th>Tick the ones prescribed</th>
<th>The dose</th>
<th>How often I should take them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tramadol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morphine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxycodone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tapentadol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Codeine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dihydrocodeine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NSAIDs</th>
<th>Tick the ones prescribed</th>
<th>The dose</th>
<th>How often I should take them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibuprofen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Naproxen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diclofenac</td>
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<tr>
<td>Other?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paracetamol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paracetamol</td>
<td></td>
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</tr>
</tbody>
</table>
NOTE: Paracetamol (shown below in green), the NSAIDs (shown in yellow) and the opioids shown in orange should be taken at regular times during the day. The opioids shown in red should only be taken when you need them.

2. When I should be reducing and stopping them

<table>
<thead>
<tr>
<th>The date I started</th>
<th>The date I should reduce and stop taking them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td></td>
</tr>
</tbody>
</table>
After your surgery

Going for gentle, regular walks is a great way of staying active.

When you leave hospital, you will receive a pain management plan and a prescription for pain medicines. The pain medicines will help manage your pain levels so you can be as active and independent as possible.

The pain levels will lessen as your body heals and you steadily increase your daily physical activities in your home and outside.

If you are still struggling with high levels of pain even with pain medicines, you should ask for a review with your healthcare team.
What can I do after my operation to reduce pain and recover well?

Manage your medicines safely
Follow the advice on the best way to use your pain medicines so you make a good recovery.

Remember to take pain medicines (such as paracetamol and ibuprofen) regularly, as written in your pain management plan on page 8.

Learn to pace your activity
Try not to overdo things just because you’re having a ‘good day.’ This is sometimes called a “boom or bust cycle” and is unhelpful for a steady recovery. It can make you overtired so that you can’t do anything the next day.

Steady pacing of activities is better. Choose activities that help build fitness and do them at regular intervals through the day. You’ll be more likely to keep it up if you choose activities that you find are fun or rewarding. Always stop before you get overtired and remember to build in rest breaks.

Stay active
Build up your physical activity and do enjoyable daily activities. Activity will help you distract yourself from the pain. For example you can:

- go for gentle, regular walks
- do enjoyable hobbies or crafts, indoor or garden activities
  (remember to do these within your recovery limits)

Distraction and other techniques
- use techniques such as watching fun or gripping films or TV programmes
- practise mindfulness, use crosswords and mindfulness colouring books, and try relaxation and breathing techniques
Using opioid pain medicines to prevent pain levels increasing

Using opioid pain medicines *only when you need them* will help you recover better. You’ll be able do more daily activities and keep to the exercise plan from your physio team.

Think about which activities are likely to increase your pain levels (for example, a longer walk or an outing with friends).

You can then plan for these expected increases in pain by taking your strong opioid pain medicines *before* the activity. This helps keep pain levels controlled. It is the most helpful way to take strong opioids.

As your pain lessens, you can reduce pain medicines. Remember: you should aim to stop taking opioids sooner than other pain medicines like paracetamol.
Constipation is the most common side-effect of opioids and can really upset bowel movements. The most helpful way to reduce constipation is to take action before you are severely constipated.

Three useful things to manage constipation well:

1. Drinking fluid helps. You should aim to drink plenty of fluids.

2. Eat foods that you know reduce constipation in you. For some people it can be figs, prunes, breakfast cereals, oranges, beans or pulses. Everyone is different.

3. Take a laxative medicine every day, to soften your ‘poo’ or stools and keep your bowels moving most days of the week. Get advice from a pharmacist or GP on the most useful type of laxatives. There are two types of laxatives: those that soften the stool and those that help move it through and out of the bowel. You might need to take both. Nearly everyone should take laxatives until they stop their opioids.
Stay safe while taking opioids after your surgery

You should not drive if your ability to do so is impaired.

Always lock opioids safely away. Keep them away from children at all times.

Start reducing opioids as your pain level improves and interferes less with the things you are trying to do.

Never keep leftover opioids at home. Do not throw them in the bin. Always take unused opioids to your local pharmacy for disposal.

Tell your carers to call 999 if they can’t wake you up or if your breathing is very slow. Tell them to tell doctors or paramedics you take opioids for pain.
For further information:

painconcern.org.uk
my.livewellwithpain.co.uk
flippinpain.co.uk
versusarthritis.org

My questions

If you have any questions about your pain management plan or recovering from your surgery please make a note of them here, to help you remember to ask a member of your healthcare team.
Thanks to Louise Trewern of the British Pain Society’s Patient Voice Committee, for her valuable input to the development of this booklet.

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