

Overdose Prevention Engagement Network

# ***ADULT SURGERY***

## **Pain Management Guide** *for* **Patients**

**OPEN**

Prevention. Treatment. Recovery.



# Patients

OPEN aims to give patients the tools they need for pain management. Learn about preparing for surgery, talking with your surgeon, strategies to manage pain such as over-the-counter medications, non-medication options, and opioid medications.

# Preparing for Surgery

Pain after surgery is normal and expected. You may hear it called acute pain, because, while it can cause considerable discomfort, it usually begins to get better a few days after surgery. Before surgery, talk with your surgeon about any medications or substances you take as these may impact your pain control. Ask your surgeon what type of pain is expected after surgery and what you should do to control your pain. Options to control pain may include using over the counter (OTC) medications, non-medication options and if prescribed, opioid medications. If you are prescribed an opioid medication, it is important to know the risks, potential dangers and side effects, and how to minimize risk to yourself and others.

## Recovery and Pain Expectations

Each person recovers from surgery in their own way, and someone who has the same procedure might have a completely different experience of pain. Pain after surgery is normal and tells you that your body is healing, and you might need to balance activity with rest. It is an uncomfortable but natural part of recovery. While everyone feels pain differently, typically surgery pain is the worst during the first 2-3 days after and then begins to get better.

The **GOAL OF PAIN MANAGEMENT** is for you to do activities of daily living like:



Pain may be well-controlled with a schedule of over the counter (OTC) medications like acetaminophen (Tylenol®) and ibuprofen (Motrin®, Advil®). Adding non-medication options to your pain management plan can help to successfully treat pain.

# Talk to Your Surgeon

Before your surgery, talk to your surgeon about:

## **Medications and Substances You Take**

Review with your surgeon and ask for recommendations for how to take your medications prior to surgery including:

- Alcohol
- Tobacco
- Antidepressants (like Prozac® or Celexa®)
- Sedatives (like Ambien® or Seroquel®)
- Benzodiazepines (like Valium®, Xanax®, or Klonopin®)
- Stimulants (like Adderall®, Ritalin®, or Vyvanse®)
- Opioids (like Oxycodone®, Vicodin®, or Norco®)
- Any other substances (like Marijuana, Crack/Cocaine, Methamphetamine)

## **Pain Expectations**

Ask your surgeon about:

- What type of pain you will have
- How long you should expect to have pain
- What you should do if your pain is not controlled

## **Non-Medication Options**

Talk to your surgeon about:

- Calm breathing
- Music
- Books
- Walking
- Compression
- Ice/heat



**Calm breathing, like belly breathing or square breathing, can help to relax muscles** that are tense because of pain or anxiety. This is called *Mindful Breathing*. You can also focus your mind and visualize a particular place you enjoy that makes you feel calm, relaxed, and comfortable.



**Music may be very comforting** when you are experiencing pain or discomfort. Listening to music, singing, or writing songs can help to lessen pain and anxiety.

## Non-Medication Options, continued



Before surgery, **take time to select a few books that you would like to read** while you are recovering. This can help you to feel relaxed and distracted from pain after surgery.



**Taking short walks** after surgery is so important! Walking helps to:

- Get blood flowing in your body which helps you heal and reduces risk of developing blood clots
- Regain your strength and mobility after surgery
- Reduce constipation
- Improve mood and anxiety



Talk to your surgeon to determine if **compression** of the surgery area would be helpful to your recovery. Using an 'abdominal binder' after surgery can provide comfort especially when moving around.



Talk to your surgeon to determine if **ice or heat** would be helpful to your recovery.

## Using Over-the-Counter (OTC) Medication

Using medications like ibuprofen (Motrin® or Advil®) and acetaminophen (Tylenol®), that you can purchase at your local pharmacy, can be very effective at managing your pain after surgery. Each works in different ways to manage pain and can be taken together at the same time.

Ask your surgeon:

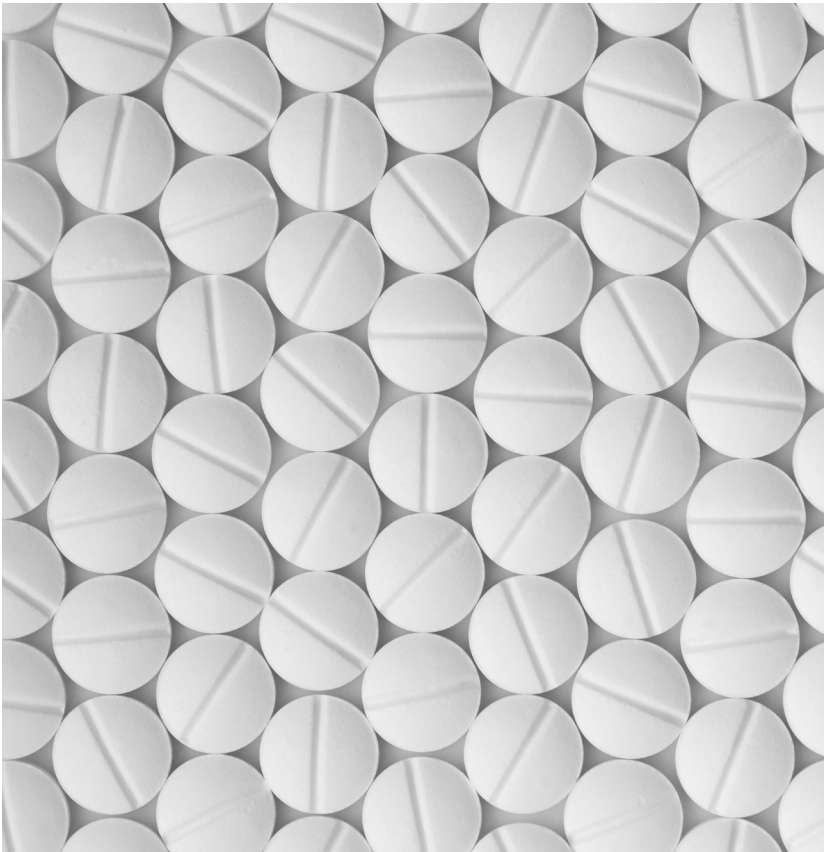
- If you can use OTC medications like Motrin® or Tylenol® after surgery to manage pain
- What dose and how often to take  
*Example:* For the first 3-5 days after surgery, take Tylenol® and Motrin® at regularly, scheduled times and then as needed as pain improves
- Sample schedule and doses for OTC medications:

TIME	MEDICATION	DOSE
9 AM	TYLENOL® (Acetaminophen) MOTRIN® (Ibuprofen)	1000 mg 600 mg
9 PM	TYLENOL® (Acetaminophen) MOTRIN® (Ibuprofen)	1000 mg 600 mg
9 AM	TYLENOL® (Acetaminophen) MOTRIN® (Ibuprofen)	1000 mg 600 mg

# Opioid Use for Surgical Pain

## What is an opioid?

An opioid is a prescription pain medication that may be prescribed to you by your surgeon to use after surgery for pain control.



## Most Common Opioids:

GENERIC NAME	BRAND NAME
Codeine	Tylenol® #3 or #4
Fentanyl	Duragesic®
Hydrocodone	Vicodin®*, Norco®*
Hydromorphone	Dilaudid®
Methadone	Methadose®
Morphine	MS Contin®, Kadian
Oxycodone	Percocet®, OxyContin®
Oxymorphone	Opana®
Tramadol	Ultram®, Ultracet®

\*Contains acetaminophen (Tylenol®). Use caution if you're taking acetaminophen.

## Opioid Use

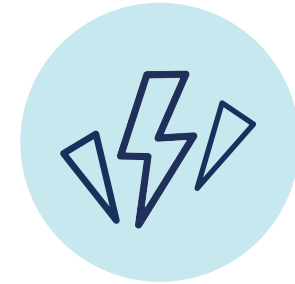
Because of their risks, opioids are not usually the starting point to manage acute pain after surgery. OTC medications like Tylenol® and Motrin® and non-medication options should be tried first to manage pain.

- If an opioid medication is prescribed to you by your surgeon, it is usually only for managing severe breakthrough pain that is not controlled by OTC medications and non-medication options
- Even if you are using an opioid for breakthrough pain, you should still continue to use the OTC medications recommended by your surgeon and non-medication options.
- As your pain gets better, stop using or use fewer opioids at a time
- Do not use opioids at the same time as alcohol, benzodiazepines, muscle relaxers, sleep aides, or other medications that can cause sleepiness
- If you are pregnant or planning to become pregnant, using an opioid can cause harm to a fetus, including neonatal abstinence syndrome
- Talk to your Surgeon about a prescription for Naloxone which is a medication that temporarily reverses the dangerous effects of an opioid overdose

## Side Effects from Opioids



**Slowed breathing**



**Itching**



**Nausea/vomiting**



**Sleepiness**



**Constipation  
(difficulty having a  
bowel movement)**



**Impaired motor skills,  
thinking or judgement.  
Do not drive when  
using an opioid.**

# Risks of Using Opioids

## **OPIOIDS HAVE REAL RISKS.**

Anyone who uses an opioid, even for just a short time, is at risk for dependence, tolerance, misuse, addiction, and overdose. **This risk may be higher in individuals with a history of:**

Substance use  
disorder

Tobacco use  
disorder

Mental illness

Long-term  
(chronic) pain

Sleep apnea  
or breathing  
problems

Taking opioids  
for longer than  
a few days or  
more often than  
prescribed

## **TOLERANCE**

When an opioid no longer has the same effect on your pain as it first did, which means you need a higher dose to control pain. For example, if you are taking an opioid which first worked well for pain, and then later it doesn't work as well, it does not always mean the pain is worse. Instead, you may have become tolerant to the opioid.

## **DEPENDENCE**

When your body has started to rely on the opioid to function. This can happen even with using an opioid for a short time period, but the longer you take an opioid, the higher the risk. This is one reason why it is important to use an opioid for as short a time as possible. Suddenly stopping an opioid when a person is dependent causes symptoms of withdrawal, such as muscle aches, yawning, runny nose and tearing eyes, sweating, anxiety, difficulty sleeping, nausea/vomiting, and/or diarrhea.



## MISUSE

When you take the opioid you were prescribed at a higher dose, more often, or for reasons other than which it was prescribed.

## ADDICTION

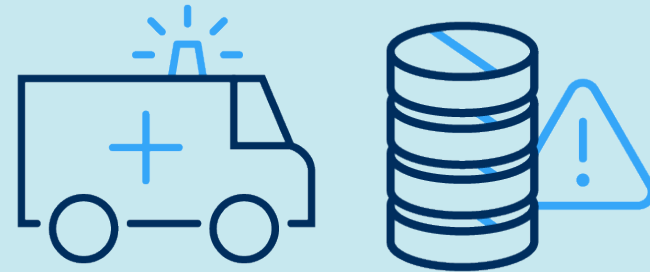
When you develop a brain disease known as Opioid Use Disorder (OUD). People with this condition seek and use opioids even though they are causing them harm.

## OVERDOSE

When you take a dose of medication that is too high for them. This affects breathing and can cause you to stop breathing.

## DIVERSION

When anyone other than you gets and uses the medication that was prescribed to you. This can happen when you do not safely dispose of an opioid or leave it unattended. Diversion is dangerous because it can lead to misuse, overdose and/or opioid use disorder in others. Sharing or selling an opioid is a felony in the state of Michigan.



## OVERDOSE AND DEATH

Opioids can cause slowed breathing and lead to overdose and death. Discuss the following signs and symptoms of an overdose with your family and friends.

- **Cannot be awakened or are unable to speak**
- **Vomiting or making gurgling noises**
- **Limp body that may seem lifeless**
- **Fingernails or lips turned blue/purple**
- **Extremely pale or feels clammy to the touch**

Talk to your surgeon about a prescription for Naloxone which is a medication that can temporarily reverse the dangerous effects of an opioid overdose. Learn more about this medication with OPEN's Naloxone Initiative.

### *Tips for Reducing Opioid Risks*

- **Tell your doctor** about any other medications you are taking OR if you have a history of opioid misuse or addiction, depression or anxiety, or a family history of addiction.
- Do **not** use opioids along with antihistamines such as Benadryl® or sleep medications.
- Only use the opioid medication for the reason, dose, and frequency that it was prescribed, and use it for the shortest possible time period.  
**If you do not need it, don't use it and dispose of it properly.**
- Write down what medications you are taking and when. This will help you be sure you're using the **medication only as prescribed**.
- Double-check dosing to make sure you're taking **only the amount prescribed**.
- Watch for **signs of side effects or complications**, and if you notice them, contact your provider. Inform your support person(s) if you are taking an opioid, signs and symptoms of an overdose, and if you have naloxone to reverse an overdose.
- **Do not share** your opioid with anyone else. It is a prescription only for you.



# Medication Storage and Disposal

- **Lock up medications** if possible.
- Try a medication lock box, safe, or drawer with a lock!
- **Store medications in private areas**, do not store in common rooms like the bathroom or kitchen.

- Do **not** store in a purse.
- **Keep count** of how much medication is left.
- **Use home disposal options** such as a deactivation bag or medication mail-back envelope.
- **Use a permanent medication drop box.** Try the QR code to find a location near you.



**FIND A SAFE DISPOSAL LOCATION NEAR YOU.**

<https://michigan-open.org/safe-opioid-disposal/>

- **Drop off opioids and medications** at a community take back event.
- Use your trash as a last resort:
  - Mix opioids (do not crush) with used coffee grounds or kitty litter in a bag and throw away.
  - Take personal information off of the prescription label before disposal.
  - **DO NOT** flush medications down the toilet.

# Resources

More resources for surgery-related pain management can be found below.



**MANAGING PAIN AFTER SURGERY**



**NON-MEDICATION PAIN MANAGEMENT**



**STORAGE AND SAFE DISPOSAL**



**NALOXONE**

**The Overdose Prevention Engagement Network (**OPEN**) is a diverse team dedicated to improving lives and reducing harms of substance use. By engaging with individuals, communities, and organizations, we share education and resources to strengthen person-centered prevention, treatment, and recovery.**

**OPEN**

Prevention. Treatment. Recovery.