

Safe and Effective Pain Control After Surgery

facs.org/safepaincontrol



What is safe and effective pain control?

Safe pain control is the use of medication and other therapies to control pain with the least amount of side effects.

Your surgical team will work with you to:¹

- **Screen** for current opioid use and risk for overuse
- **Use alternatives** to opioids whenever possible
- **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

What is the goal of pain control?

The goal of pain control is to:

- Minimize pain
- Keep you moving
- Help you heal

All members of your surgical team (including nurses and pharmacists) are committed to stopping opioid abuse and long-term use following surgery.

What are my options for safe and effective pain control?

Your surgical team will talk with you about your pain control options.

Your pain plan will be based on your:

- Operation
- Pain history
- Current medications

A combination of therapies and medications will be used together for better pain control after your surgery.²



From the operating room to home—your surgical team cares about your best recovery.

How do I know what to take to feel better?

When you go home, your pain plan may have you start with a combination of non-medication therapies and non-opioid medications.

For complex procedures you may start on a combination that includes opioids. After several days, you may decrease your opioids and use non-medication therapy and non-opioid medications.



9 out of 10 patients report that their pain is either mild or gone four days after surgery.^{3-6*} Your surgeon may only give you a few days' supply of an opioid. If you have severe or increased pain after 4 days, call your surgical team for help.

*Results of studies with over 50,000 patients

Pain Management Guide⁷⁻⁸

How Intense Is My Pain?

- I hardly notice my pain, and it does not interfere with my activities.
- I notice my pain and it distracts me, but I can still do activities (sitting up, walking, standing).

- My pain is hard to ignore and is more noticeable even when I rest.
- My pain interferes with my usual activities.

- I am focused on my pain, and I am not doing my daily activities.
- I am groaning in pain, and I cannot sleep. I am unable to do anything.
- My pain is as bad as it could be, and nothing else matters.

What Can I Take to Feel Better?

Non-medication therapies
+
Non-opioid, oral medications
You may take these to control mild to moderate pain when needed

Non-medication therapies
+
Non-opioid medications
You may be told to take them regularly throughout the day rather than as needed

Non-medication therapies
+
Around-the-clock non-opioid medications
+
Short-acting opioids (for a few days)
Call your surgeon if your pain continues

What are the most common pain control therapies and medications?

Non-Medication Therapies

	Therapy	Description
Mild Pain	Self-care	Ice, elevation, and rest
	Complementary therapies	Meditation ⁹ , guided imagery ¹⁰ , acupuncture ¹¹⁻¹² , massage ¹³ , and music
	Rehabilitation therapies	Occupational and physical therapy
	Exercise	Stretching, walking, and mild exercise

Non-Opioid, Oral Medications

	Medication	Common Side Effects*
Mild to Moderate Pain	Acetaminophen (Tylenol^{®14}): Decreases pain and fever	Nausea, vomiting, headache, and insomnia Liver damage may occur at high doses (greater than 4,000 mg in 24 hours) ¹⁴⁻¹⁵
	Non-steroidal anti-inflammatory drugs (NSAIDs): Decrease swelling and fever <ul style="list-style-type: none"> Aspirin Ibuprofen (Advil^{®16}, Motrin^{®17}) Naproxen (Aleve^{®18}) Celecoxib (Celebrex^{®19}) 	Upset stomach Serious risks: Stomach bleeding or ulcers, heart attack, and stroke Celecoxib has a lower risk of stomach bleeding and/or ulcer formation over the short term ¹⁹
	Nerve pain medications: Reduce pain from sensitive nerves <ul style="list-style-type: none"> Gabapentin (Neurontin^{®20}) Pregabalin (Lyrica^{®21}) 	Dizziness, drowsiness, suicidal thoughts, swelling in the hands and feet, weight gain, and blurred vision Risks increase if you have kidney, liver, or heart disease; or have suicidal thoughts

Opioids

	Medication	Common Side Effects
Severe Pain	Opioids: <ul style="list-style-type: none"> Tramadol (Ultram^{®22}) Codeine with acetaminophen (Tylenol #3 or #4) Hydrocodone (Norco^{®23}, Vicodin^{®24}, Lorcet) Morphine Hydromorphone (Dilaudid^{®25}) Oxycodone (OxyContin^{®26}) Oxycodone with acetaminophen (Percocet^{®27}, Endocet[®]) 	Dizziness, nausea (very common), headache, drowsiness, vomiting, dry mouth, itching, respiratory depression (very slow breathing), and constipation Stool softeners are always co-prescribed to prevent severe constipation Serious risks: Prescription opioid risks include misuse, abuse, addiction, overdose (taking too much of the medication), and death from respiratory depression. Your risk of opioid abuse increases the longer you take the medication. ²⁸⁻³⁰

*Side effects reported in 3% or more of the patients in the study sample

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.

How can I safely use opioids to manage my severe pain?

Your Surgeon May:

- ✓ **Check** if you are at a higher risk for opioid misuse. Here are some questions your surgeon may ask:³¹
 - Do you or a family member have a history of substance abuse or overdose?
 - Are you currently taking an opioid medication?
 - Do you have depression, anxiety, attention deficit disorder, obsessive compulsive disorder, bipolar disorder, or schizophrenia?
- ✓ **Check** a required database to see your previous opioid prescription use.
- ✓ **Review** your health and other medications.

You Will:

- ✓ **Take the lowest dose possible**, for the shortest amount of time. For surgical patients with severe pain, **addiction is rare when opioids are used for 5 days or less.**^{2,32}
- ✓ **Never take more medication than prescribed.** **Do not crush pills**, which can speed the rate your body absorbs the opioid and cause an overdose.
- ✓ **Unless told by your provider, never take opioids with** antihistamines or sleep aids, sedatives or tranquilizers, anti-anxiety medications, muscle relaxers, or another opioid. Combining these medications with opioids increases your risks of side effects.
- ✓ **Never mix alcohol with NSAIDs or opioids.**
- ✓ **Call 911 for an opioid overdose.** Common signs of opioid overdose are small pupils, trouble breathing, and unconsciousness. **You can die from an opioid overdose.**

Did You Know?

Ibuprofen (400 mg) provided as much pain relief as oxycodone (5 mg) over 6 hours in patients who had a wisdom tooth taken out or abdominal or pelvic surgery.³³

Can I wait to fill my opioid prescription?

Yes, you can wait to see if you have severe pain before filling your opioid prescription.

Talk with your doctor about this choice:

- You may not need the medications prescribed for opioid-related side effects (anti-nausea medication and laxatives).
- **Be prepared** with access to a 24-hour pharmacy in case your pain becomes severe in the middle of the night.
- Know that your prescription is good up to 7 days after it is issued.
- Check if you were given a long-acting anesthetic (stops pain at the wound or surgical site). This may help control your pain for several days, and you may need fewer or no opioids.³⁴⁻³⁵

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

For the safe storage of opioids:

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

Dispose of your opioids as soon as they are no longer needed

at a drug take-back program or safe drop site. Find a site at apps.deadiversion.usdoj.gov/pubdispsearch. If there is no disposal site near you, mix unused medication with coffee grounds or kitty litter in a plastic bag, and then throw it in the trash.³⁶



Do not share opioids.
50% of people who abuse opioids get them from a friend or relative.³⁷⁻³⁸

Should I worry about becoming addicted to opioids?

Anyone who takes prescription opioids can become addicted. However, **addiction is rare when opioids are used for 5 days or less.**³²

Opioids block pain and give a feeling of euphoria (feel high).³⁹ Taking prescription drugs to get high is sometimes called **prescription drug abuse**. The most serious form of abuse is addiction.³⁹ **Addiction** involves seeking out the drug despite negative effects on your health, family, and work.

You may also develop **tolerance**, meaning that over time you might need higher doses to relieve your pain. This puts you at higher risk for an **overdose.**⁴⁰

You can also develop **physical dependence**, meaning you have withdrawal symptoms when the medication is stopped suddenly.⁴⁰ **Withdrawal symptoms** can include insomnia, anxiety, racing heartbeat, and headaches. Withdrawal symptoms can be managed with medication and by gradually decreasing (tapering) your opioid dose.

For questions and resources to help you or a loved one cope with a substance abuse disorder, visit the Substance Abuse and Mental Health Services Administration web site at [samhsa.gov](https://www.samhsa.gov) or call the 24-hour hotline at 1-800-662-HELP (4357).

Please visit facs.org/safepaincontrol to find more information about the opioid epidemic, medication package labeling, and the references listed in this brochure.

Disclaimer: 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 based this material on current scientific information; there is no warranty on the timeliness, accuracy, or usefulness of this content. The use of brand names in this document does not imply endorsement.

Reviewed April 2018 by the ACS Patient Education Opioid Workgroup.

The printing of this brochure is partially supported from an ACS Foundation Education Grant from Pacira Pharmaceuticals, Inc.

Safe and Effective Pain Control After Surgery

My Pain Management Plan

Before Surgery Pain Control

Non-Medication Therapies

Non-Medication Therapies Example: Ice	Your Time—How Long 20 minutes each	When to Use Example: 4 times a day, 7 am, 11 am, 3 pm, 7 pm

Pain Medication Plan

Medications Example: Naproxen/Aleve®	Your Dose—How Much Example: 500 mg	When to Take—List Times Example: 8 am and 8 pm

Be sure to tell your care provider about any medication allergies you may have.

If you smoke, quit before your surgery. Download the Quit Smoking before Your Surgery brochure at facs.org/quit smoking.

After Surgery Pain Control

Non-Medication Therapies

Non-Medication Therapies Example: Ice	Your Time—How Long 20 minutes each	When to Use Example: 4 times a day, 7 am, 11 am, 3 pm, 7 pm

Pain Medication Plan

Medications Example: Naproxen/Aleve®	Your Dose—How Much Example: 500 mg	When to Take—List Times Example: 8 am and 8 pm

Safe Pain Control Patient Evaluation

This form is to be completed by the patient, family member, or patient representative.

What you say matters—help us make these materials even better.

Visit facs.org/safepaincontrol to complete the survey online.

1 BEFORE YOUR OPERATION

Did you receive the American College of Surgeons patient education brochure on Safe and Effective Pain Control After Surgery? ☐ Yes ☐ No

Rate how well you were prepared or informed about the following before your operation:

	Very Well	Well	Fairly	Poorly	Not Informed
Your pain control options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When to take pain medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternatives to opioids whenever possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using the lowest dose of opioids for the shortest amount of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reducing your chances of becoming addicted to opioids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognizing the signs of opioid overdose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioid storage and disposal options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were you taking pain control medications before surgery?

- ☐ Acetaminophen (Tylenol®)
- ☐ NSAIDs (anti-inflammatories): _____
- ☐ Nerve pain medications: _____
- ☐ Opioids: _____
- ☐ Other (please describe): _____

If yes, was a pain plan developed specifically for you? ☐ Yes ☐ No

How severe was your pain before your operation?

- ☐ Severe (can't do anything, not even sleep or rest)
- ☐ Moderate (trouble moving around due to pain)
- ☐ No pain/only a little pain

2 AT HOME

What operation did you have? _____

How long were you in the hospital? ☐ Less than 24 hours ☐ 1 to 3 days ☐ 4 to 5 days ☐ More than 5 days

How much did pain **interfere or prevent** you from performing the following during your first 4 days at home?

Does not interfere ← 0 1 2 3 4 5 6 7 8 9 10 Completely interferes

Doing activities in bed (sitting up, turning, repositioning)											
Doing activities out of bed (walking, sitting in a chair, standing at a sink)											
Falling asleep											
Staying asleep											

No pain ← 0 1 2 3 4 5 6 7 8 9 10 Severe pain

Please rate the severity of your pain at home. Check the number that best describes your pain.

Day 1											
Day 4											

Evaluation continued on back →

Patients: We want to hear from you.

Please complete and return this form to help improve our pain control programs.

2 AT HOME (continued)

How much distress and bother did you have at home?

None at all 0 1 2 3 4 Very much

Nausea					
Constipation					
Drowsiness					
Itching					
Vomiting					
Dizziness					
Depression					

What did you use to manage your pain? Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Non-medication therapies | <input type="checkbox"/> Opioids |
| <input type="checkbox"/> Acetaminophen (Tylenol®) | <input type="checkbox"/> Tramadol (Ultram®) |
| <input type="checkbox"/> NSAIDs (anti-inflammatories) | <input type="checkbox"/> Codeine with acetaminophen (Tylenol #3 or #4) |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Hydrocodone (Norco®, Vicodin®, Lorcet®) |
| <input type="checkbox"/> Ibuprofen (Advil®, Motrin®) | <input type="checkbox"/> Hydromorphone (Dilaudid®) |
| <input type="checkbox"/> Naproxen (Aleve®) | <input type="checkbox"/> Oxycodone (OxyContin®) |
| <input type="checkbox"/> Celecoxib (Celebrex®) | <input type="checkbox"/> Oxycodone with acetaminophen (Percocet®, Endocet®) |
| <input type="checkbox"/> Nerve pain medications | <input type="checkbox"/> Other (please describe): _____ |
| <input type="checkbox"/> Gabapentin (Neurontin®) | |
| <input type="checkbox"/> Pregabalin (Lyrica®) | |

3 PRESCRIBED OPIOIDS

Were you given a prescription for opioids? ☐ Yes ☐ No

Did you fill the prescription? ☐ Yes ☐ No

Did you need more pills? ☐ Yes ☐ No

When you stopped feeling pain, did you safely dispose of your opioids? ☐ Yes ☐ No

Did you take opioids while at home? ☐ Yes ☐ No

If yes, please answer the following questions:

How many opioid pills were you prescribed? _____

How many days were you told to take opioids (i.e., 5 days, 7 days, 1 month)? _____

How many pills did you have left? _____

4 ABOUT YOU—THE PATIENT

Are you male or female? ☐ Male ☐ Female

What is your predominant ethnicity?

- | | |
|--|--|
| <input type="radio"/> White, Non-Hispanic | <input type="radio"/> Black, Non-Hispanic |
| <input type="radio"/> Hispanic | <input type="radio"/> Asian/Pacific Islander |
| <input type="radio"/> American Indian/Alaskan Native | <input type="radio"/> Other: _____ |

Is English the primary language spoken in your home?

☐ Yes ☐ No

What is your highest grade level completed?

- | | |
|---|---|
| <input type="radio"/> 8th grade or less | <input type="radio"/> Some high school/no diploma |
| <input type="radio"/> High school graduate or GED | <input type="radio"/> Some college or 2-year degree |
| <input type="radio"/> 4-year college degree or higher | |

Do you normally need assistance completing medical forms?

☐ Yes ☐ No

Who is assisting with your care?

- | | |
|--|--|
| <input type="radio"/> I am providing my own care | <input type="radio"/> My spouse/partner |
| <input type="radio"/> My child | <input type="radio"/> My parent |
| <input type="radio"/> Friend/relative | <input type="radio"/> Home health care nurse |

Please complete the following table:

	Strongly Agree	Agree	Disagree	Strongly Disagree
I was satisfied with the information I received on pain control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt prepared for my operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt prepared for my home care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was satisfied with my overall quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Thank you for completing this survey. This information is used only by the American College of Surgeons to help us improve the care provided to future surgical patients. The answers you provided are confidential and will be used only by the Division of Education to improve patient care.