



## Should I expect pain after surgery?

- Surgical pain is normal and part of the healing process.
- Pain is often worse the first 2 – 3 days after surgery then begins to get better.
- Ask what **YOUR** pain timeline should look like and what should prompt you to call your surgeon's office.
- Ask your surgeon if you may feel pain in different places other than the surgery area, and learn how to handle other muscle pain, movement pain, and a sore throat if you had a tube placed there.



## Just popping a pill is not enough

- Pain meds are just one part of your pain management plan.
- Non-drug options have no drug side effects, can lessen mild pain, and help drugs for severe pain work better.
- One of the most important things you can do is get enough **SLEEP!**
- The goal is to have a personal pain management plan to lessen pain enough to sleep better and get you back moving and doing things you enjoy.



## Pain Meds

- Talk with your surgeon and care team about your risks for using pain meds, including side effects, opioid dependence, and overdose. For more information about prescription opioids, go to <https://bit.ly/3dclOag>.
- Non-opioid meds plus non-drug options used together can offer good pain control and reduce the need to use opioids.
- Stay ahead of severe pain by using non-drug options and non-opioid pain meds when pain first begins; then, you may need fewer opioids and feel less severe pain.
- Never take an opioid for anything other than to manage **SEVERE** pain.
- It is okay to use opioids to treat severe pain because severe pain may slow down your healing process and prevent you from doing important things like deep breathing exercises, walking, or sleep.



## Stopping Pain Meds

- Plan with your surgeon **BEFORE** surgery how to taper off opioids prescribed for surgical pain. The taper plan is made for you to back off opioids and safely stop taking them as quickly as possible.
- Slowly cutting down the number of opioid tablets you take each day (a taper) helps you have less withdrawal symptoms such as muscle pain, nausea, stomach upset, anxiety, faster heart rate, sweats, hot and cold flashes, and trouble sleeping.
- Ask your pharmacist how to dispose of leftover opioids to prevent abuse and accidental overdoses. Learn how to safely dispose of meds at <https://bit.ly/3QHeBOi>.

**Before surgery, be sure to share with your surgeon and care team your fears about pain and healing, what you expect to happen, and what did and did not work for pain in the past.**

# PAIN MANAGEMENT GUIDE

This guide can help you decide how severe your pain is and what may help you feel better and reach your activity goals.

	HOW AM I DOING?		WHAT CAN I DO TO FEEL BETTER?
1	Hardly notice pain	➔	Non-drug therapies
2	Notice pain, does not interfere with activities		
3	Sometimes distracts me	➔	Non-drug therapies + Non-opioid meds (Talk to your doctor about taking these regularly throughout the day rather than as needed)
4	Distracts me, can do usual activities		
5	Interrupts some activities		
6	Hard to ignore, avoids usual activities		
7	Focus of attention, prevents doing daily activities	➔	Non-drug therapies + Around-the-clock non-opioid meds + Short-acting opioids (for a few days) Call your surgeon if pain continues
8	Awful, hard to do anything		
9	Can't bear the pain, unable to do anything		
10	As bad as it could be, nothing else matters		

Here are a few of the many pain management options and some useful tips. Talk with your surgeon and care team before you try or use them.

## NON-DRUG

Continue using non-drug options for all pain levels.

Do things to help relax and take your mind off your pain.



Read a book



Listen to music



Watch TV



Daily reflections, meditation, or deep breathing

Follow your surgeon's other instructions, like heat or ice, surgery site care (elevations, compression, cleaning, etc), short walks, and mild exercise.

## NON-OPIOID MEDS

Don't wait until pain is unbearable to use non-opioids approved by your surgeon.

Don't take more than 3000 mg of acetaminophen each day unless your surgeon approves. Be careful because acetaminophen is found in over-the-counter (OTC) allergy, cold, and sleep products and may be in your opioid prescription (ask your pharmacist).

Take ibuprofen and naproxen with food.

Dosing may be different depending on if you have liver, kidney, stomach, bleeding, or heart issues.

All meds prescribed for pain after surgery should have a plan for a stop date.

Store ALL meds out of reach of children and pets.

## OPIOIDS

Only use opioids to treat severe pain that makes it hard to take a deep breath, walk, eat, or sleep.

Don't take opioids more often than prescribed and take less if you can. Non-opioid meds help cut down on the number of opioid doses you need.

Make a plan with your surgeon to prevent constipation if you have to take opioids.

Ask your surgeon if you will benefit from a prescription for naloxone, the opioid rescue med to help keep you and your family safe.

Keep a count of how many opioid pills remain and store them in the original container in a place where others cannot easily find it to prevent theft and accidental use.

Don't overdo it too quickly. Call your doctor if you are not improving or cannot manage your pain well.

Help yourself heal - eat healthy, avoid alcohol, and don't smoke!