Royal United Hospital Bath NHS
NHS Trust

RUH

Pain relief to take home following your surgery

Information for the patients from the department of anaesthesia

This factsheet explains:

- About pain and pain relief at home after surgery
- Which pain relief drugs you have been given to take home
- How to take those drugs and their common side effects

The factsheet is not intended for use by those who are PREGNANT or BREASTFEEDING. Please discuss with your nurse if you are or may be pregnant.

About pain and pain relief

You will routinely be prescribed pain relief to take home following surgery.

The drugs prescribed for you will be personalised according to your operation, age and any medical conditions you may have. This factsheet sets out some guidance on taking pain relief after surgery. If you have any queries please discuss them first with your nurse. The drug boxes also contain a leaflet with much more detailed information on dose, side-effects and cautions. Please refer to this if you have further questions or concerns.

- Pain following surgery is inevitable, unless you have effective pain relief. **There is no known benefit of pain during recovery from surgery.** The extent and duration of the pain after surgery mainly depends on the degree of tissue injury caused by the surgery (i.e. the size of the operation), but individual patients have very variable experiences even after the same operation. As a result pain relief needs to be flexible and individualised.
- A **combination of different pain killers, taken regularly,** usually provides very good pain relief in the days after surgery. Using a combination of drugs also reduces the likelihood and severity of common side effects such as nausea, sedation and indigestion.
- Pain relief can be divided into '*regular pain relief*' and '*rescue pain relief*'.
- **Regular pain killers** are used to prevent pain, or to minimise on-going pain.
- **Rescue pain killers** ('as required drugs') provide additional pain relief, if regular treatment is not enough.
- While taking the post-operative pain killers described in this leaflet you should not take other pain killers (particularly anti-inflammatories), unless you have clarified this with your nurse or doctor. If you take aspirin for blood thinning you should continue to take these. If in doubt check.

Assessing your pain

Pain may be graded as ‘none’, ‘mild, ‘moderate’ and ‘severe’. It is rare to have no pain after surgery, even with regular pain killers. In practical terms **if your pain is more than mild** (this includes when you move) **your pain relief is not optimal and you should consider taking more pain relief, but you must stay within prescribed doses.** Pain after all but minor surgery may last at least a week.

About the drugs you have been sent home with

□ A tick in the box indicates a drug which you have been prescribed.

REGULAR pain killers

Simple pain killers

□ **Paracetamol** is a mild pain killer with the considerable advantage of having almost no side effects in normal doses. Used regularly it is far more effective than most believe and it also increases the effectiveness of other pain killers.
The dose is 1g (two x 500mg tablets), which can be taken every six hours (four times a day). Do not take more than eight tablets in 24 hours. The maximum dose should be reduced to 3g (a total of six of the 500 mg tablets) if you weigh less than 50 kg (7 stone 10 lbs)
While taking regular paracetamol you should not take any other drugs (e.g. over-the-counter medicines) containing paracetamol. We recommend taking paracetamol regularly for at least the first two days after surgery and then either as a rescue pain killer or regularly depending on how well your pain is controlled..

Anti-inflammatory drugs

□ **Diclofenac** is a strong anti-inflammatory pain killer. It is an effective anti-inflammatory to take after surgery. In some patients diclofenac may cause indigestion, heartburn, reflux, diarrhoea or abdominal pain. In a very small proportion of patients with asthma it can increase wheeziness. In most cases it causes no side effects. Where possible take it with or after food. (Please read about ranitidine and omeprazole below). It is not usually prescribed to patients who are aged over 65 or those with cardiovascular disease.
The dose is usually 75mg taken every 12 hours (twice a day). Occasionally a 50mg tablet may be prescribed, in which case this should be taken every eight hours (three times a day).
If prescribed diclofenac, we recommend taking it regularly for the first 48 hours after surgery. After this you may wish to use it as a rescue pain killer rather than regularly. We recommend diclofenac is not taken for more than five days: after this ibuprofen can be used as a substitute.

□ **Ibuprofen** is another anti-inflammatory pain killer sometimes used as an alternative to diclofenac. Its side effects are the same as for diclofenac (see above). It is slightly less potent, but perhaps milder on the stomach. Most patients get no side effects from ibuprofen, when taken for a short duration. Where possible take it with or after food. (Please read about ranitidine and omeprazole below).

The usual dose is 400mg taken every eight hours (three times each day).
If prescribed ibuprofen, we recommend taking it regularly for the first 48 hours after surgery. After this you may wish to use it as a rescue pain killer rather than regularly.

☐ **Naproxen** is another anti-inflammatory pain killer. Its side effects are the same as for diclofenac (see above). It may be more suitable for patients aged over 65. Where possible take it with or after food. (Please read about ranitidine and omeprazole below).
The usual dose is 500mg taken every 12 hours (two times each day).
If prescribed naproxen, we recommend taking it regularly for the first 48 hours after surgery. After this you may wish to use it as a rescue pain killer rather than regularly.

Drugs for indigestion

☐ **Ranitidine** or ☐ **Omeprazole** In some patients diclofenac, ibuprofen or naproxen may cause indigestion, heartburn, reflux or abdominal pain. If you are at particular risk of this you will be prescribed a drug (usually ranitidine or omeprazole) to reduce the likelihood of these symptoms occurring.

If you develop these symptoms you should stop taking the diclofenac, ibuprofen or naproxen, but continue with the ranitidine or omeprazole, and inform your doctor if your symptoms increase in severity or do not settle within 24 hours.

If you are prescribed one of these drugs you should take them for as long as you are taking diclofenac, ibuprofen or naproxen..
The usual dose of ranitidine is 150 mg taken twice a day.
The usual dose of omeprazole is 20-40mg taken as a single dose once a day.

RESCUE pain killers

☐ **Dihydrocodeine (DHC)** or ☐ **Codeine**. You may be prescribed either of these. Both are weak ‘opioids’ (ie a weak morphine-based drug). Side effects are more common with this type of drug than paracetamol and anti-inflammatory drugs. For this reason we usually prescribe these drugs only as a rescue pain killer. If it is used as a rescue pain killer, you should continue to take the regular pain killers and use the DHC or codeine to ‘top-up’ your pain relief. Side effects are usually worse when the drug is first started and include nausea, vomiting and drowsiness. Less commonly it can cause confusion and rarely hallucinations. If taken for a long time it causes constipation. This is helped by a high fibre diet but you may need laxatives, especially if you have had bowel surgery. All side effects stop soon after the drug is stopped. Two thirds of patients tolerate these drugs well. DHC or codeine may occasionally be prescribed as a regular pain killer (particularly in patients who do not tolerate anti-inflammatories).
The usual dose is one or two 30 mg tablets taken up to four times a day. Leave at least a four hour gap between doses. You should not drive or operate machinery or make important decisions if the drug affects the way you think or makes you feel sleepy.

☐ **Tramadol** combines some morphine-like effect with a 'pain modifying' effect. As with dihydrocodeine, up to one third of patients may get side effects (see above) and again these often diminish after a few doses. Tramadol is usually prescribed as a rescue pain killer following major operations. It is occasionally prescribed as a regular pain killer (particularly in patients who cannot take anti-inflammatories).
The usual dose is 50-100mg taken up to four times a day. Occasionally 200mg slow release tablets are prescribed to be taken twice a day. You should not drive or operate machinery or make important decisions if the drug affects the way you think or makes you feel sleepy.

Final points

Remember: pain after surgery is normal but recovery will improve if pain is controlled. Good quality pain relief should allow you to get mobile and return to normal activities earlier after your surgery. Overall, good pain relief will improve the speed and quality of your recovery.

If your pain is worse than mild (i.e. moderate or severe), consider increasing your pain relief, within prescribed doses. This may be particularly helpful before bed-time to help you to sleep. Most side effects are mild and short lasting, if concerned do contact your ward or your GP. If you have queries about your drugs there is a contact number below.

If the medicines you are taking do not control your pain consider the following

- Are you resting enough?
- Are you using elevation of the affected part and cooling appropriately?
- Are you taking a combination of medicines prescribed for pain?
- Are you taking the medicines regularly?
- Are you taking the maximum prescribed dose?

If after adjusting your pain management your pain still does not settle in a reasonable period (certainly 24 hours) or gets worse you should contact your doctor.

Any queries?
The RUH medicines information service can be contacted on 01225 825361, Monday-Friday, 3-4pm.

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