

# Medicines to treat pain in adults

## Information for patients and carers



It is common to feel some pain after having an operation (surgery), trauma or an infection.

Controlling pain is an important part of your treatment and the recovery process, and can help you to get back to normal or home earlier. There are a number of different painkillers that you may be prescribed during your hospital stay and for a period after you are discharged.

It is important that you are involved in your own pain management; there is no single painkiller which suits everyone. Please let the nurses, doctors or pharmacists who are caring for you know if the painkillers you are prescribed are not working or if you cannot swallow them. Liquid and dispersible tablets will be provided as an alternative when appropriate and possible. Please make someone aware if they make you feel unwell.

After you leave hospital, you may need to continue to take some painkillers. You may be advised to take painkillers regularly for a short period to prevent pain rather than allowing it to build up. If you need to buy any over-the-counter medicines for any reason during this time, it is essential that you tell the pharmacist which painkillers you are already taking to prevent accidental overdose or unpleasant side-effects. When you find you no longer need painkillers, you should stop taking them.

At Queen Victoria Hospital (QVH) the most frequently prescribed painkillers are:

- Paracetamol
- Ibuprofen
- Naproxen
- Dihydrocodeine
- Tramadol
- Co-codamol 8/500 (contains codeine and paracetamol)
- Co-codamol 30/500 (contains codeine and paracetamol)

As these do not all work in the same way to relieve pain, they may be prescribed alone or, sometimes, in combinations of two or more.

Please read the manufacturer's patient information leaflet for more detailed information.

Please inform your doctor or pharmacist if you are allergic to any of these medicines or their ingredients.

## Paracetamol 500mg tablets

- Paracetamol is the most common painkiller used to relieve mild to moderate pain.
- The usual dose is one or two tablets taken up to four times a day.
- It is important that you do not take more than two tablets at any one time and no more than eight tablets in any twenty-four hours.
- Sometimes the doctor may prescribe paracetamol regularly for a few days to prevent pain from occurring.
- Whilst taking paracetamol tablets, do not take other medicines which contain paracetamol (e.g. cold and flu remedies, co-codamol, co-dydramol). If you have any doubt, speak to your pharmacist.

## NSAIDs (Non-steroidal anti-inflammatory drugs)

NSAIDs are a type of painkiller called an 'anti-inflammatory'; they are used to treat pain in muscles and joints as well as pain after an operation or trauma. This is a class of drugs that includes the painkillers called ibuprofen, naproxen and diclofenac.

- NSAIDs may be unsuitable for some people, notably those who have stomach ulceration, bleeding or asthma. If you have had problems you should let your doctor or pharmacist know before taking NSAIDs.
- NSAIDs can cause indigestion. This may be reduced by taking them with or just after some food.
- If you get severe indigestion, breathing difficulties, or have a history of hypersensitivity or a skin rash when taking NSAIDs, stop taking the tablets and contact a doctor immediately.
- Some painkillers you can buy contain the same or similar ingredients to these tablets. Make sure you ask your pharmacist or doctor before taking anything else.
- NSAIDs can commonly cause side-effects such as nausea, diarrhoea, headache and dizziness although these are usually not severe.

- If you have had any blood pressure or kidney problems you should discuss this with your doctor before taking NSAIDs.
- The tablets should be swallowed whole with a drink of water or milk, not crushed or chewed.

## Ibuprofen

This is the first line NSAID used at QVH and the usual dose of ibuprofen is 200mg to 400mg three times a day.

## Naproxen

The usual dose is 500mg (two tablets) twice a day.

## Opioids

Opioids are stronger painkillers than paracetamol and may be given when paracetamol alone hasn't provided satisfactory pain relief. These include dihydrocodeine, tramadol and co-codamol.

- Like most medicines, opioids can have some unwanted effects. They can cause constipation, which is best prevented by drinking plenty of fluid. If you become constipated during your hospital stay, please ensure that the staff caring for you know this.
- If you become constipated after leaving the hospital, a simple stimulant laxative such as senna may help, along with ensuring that you drink plenty of fluids, increase your dietary fibre and exercise if possible. However, if constipation is persistent you should speak to your GP or pharmacist.
- Sometimes people feel drowsy after taking opioids. This can increase the risk of falls in frail and elderly patients.

Do not drive until you see how you are affected. Alcohol can make the drowsiness worse and should be avoided

## Dihydrocodeine:

The usual dose of dihydrocodeine is one 30mg tablet every four to six hours (up to six times a day). Taking more than one tablet at a time will not give more pain relief but may increase the risk of side-effects.

## Tramadol

The usual dose of tramadol is one or two 50mg capsules taken up to four times a day. You should not take more than eight capsules in twenty-four hours. Occasionally tramadol can cause confusion and disturb thought and sleep patterns. If you experience these, it is best to stop taking tramadol and talk to your doctor. Tramadol can affect other medicines you take and make you unwell. Please ensure that your doctor and pharmacist know that you are taking tramadol.

## Co-codamol 8/500 and Co-codamol 30/500 tablets

Co-codamol tablets contain two painkillers; codeine and paracetamol. The usual dose is one or two tablets taken up to four times a day. It is important that you do not take more than two tablets at a time and no more than eight tablets in any twenty-four hours. Whilst taking co-codamol tablets, do not take other medicines which contain paracetamol (e.g. cold and flu remedies). If you have any doubt, speak to your pharmacist.

## Driving

A law restricting driving after taking certain medications was introduced in England and Wales in March 2015. This law states that it is an offence to drive with certain drugs above a specified level in your blood whether your driving is impaired or not. The law is to make it easier for the police to tackle drug drivers. The law includes some commonly-used drugs such as morphine or other opioid-based medications that are sometimes abused. Some opioid-based medication will metabolise (chemically change) in the body into morphine and show in a blood result. The majority of patients that are fit to drive and are taking medicines as directed are unlikely to be above the specified limit and, therefore, would not be committing the new offence. Even if you are above the specified limit but your driving is not impaired and you are taking your medicine in accordance with the advice of a healthcare professional and/or as printed in the accompanying leaflet you will also be within the law and not committing an offence. Do not drive if you feel drowsy, dizzy, unable to concentrate or make decisions, or if you have blurred or double vision. It will remain an offence to drive while your ability is impaired and, if in doubt, you should not drive.

## Medicines Helpline

If, after leaving hospital, you have any non-urgent questions about the medication you received from us, you may contact the Pharmacy Department on 01342 414215. Please leave a message including your contact number on weekdays from 9am to 5pm and we will endeavour to return your call as soon as possible.

If your call is NOT about medicines, please telephone the hospital on 01342 414100 and ask for the required ward or department.



Please ask if you  
would like this leaflet  
in larger print or an  
alternative format.

Pharmacy Department

Issue 2: Ref: No. 0451

Approved by the Patient Information Group

Print February 2018 – Review January 2021

© Copyright QVH NHS Foundation Trust

[www.qvh.nhs.uk](http://www.qvh.nhs.uk)