

Since your operation, you may have been started on a selection of pain relieving medications. Reducing the amount of these that you use may take some time and will likely continue once you have been discharged from us, with the help of your GP.

The important thing is that your pain is controlled well enough so that you can keep mobile where appropriate and can sleep without too much disruption.

Give yourself time to settle at home before you think about decreasing any of your pain (unless advised otherwise by the pain team) as your activity levels may increase. Reduce one medicine at a time. This will give your body time to adjust and help to avoid unpleasant side effects. There are a lot of pain relieving medications discussed in this leaflet; one of the nurses will highlight the ones you are taking home with you before you are discharged. The pain relief you go home with will be decided by your surgical team, with input from the pain team.

Please remember, this is a guide. If you have any side effects, wish to reduce your medication or have increasing pain please see your GP.

If your surgery was pre-planned (elective), you may already have a supply of some medications at home. Please let staff know if this is the case.

Please be aware of laws on driving and use of opiates. Driving whilst taking certain medications can invalidate your insurance.

If you visit your GP, please take your medications with you even if the packet is empty, together with your discharge letter.

The medications you are taking home will be highlighted with a tick in the box

Long acting opioids

- Modified release (MR)/ Sustained Release (SR) forms of
 - Morphine Sulphate
 - Oxycodone
- Patches
 - Fentanyl patches
 - Buprenorphine patches

These drugs must be reduced gradually - do not stop them suddenly. They are for severe pain and should be the first pain relief to be reduced. As your pain improves, reduce the dose a small amount every day with the support of your GP.

For example:

- Reduce long acting morphine or oxycodone by 10-20mg every 3-5 days until you stop
- Patches may be changed to tablets or capsules to allow for a more gradual reduction.

The above regimes are only guidelines, and your GP may advise you differently, according to your needs and the doses of medications that are available. These medications should continue to be gradually reduced until they are no longer required. You may have already been on this medication for something else before your operation; if that is the case, ensure you speak to your GP before changing any of your doses.

Short acting opioids

- Fast acting, immediate release (IR)
 - Morphine sulphate liquid or tablets
 - Oxycodone liquid or capsules
 - Tramadol
 - Dihydrocodeine (**do not take with other medications that contain codeine**)

These may be taken regularly or if you have 'break through' pain. They may occasionally be needed before activity. You may also need these for a short time when you stop taking the modified/ sustained release pain medication above. Reduce how much of these medications you take and how often as your pain improves.

Long term effects of opioids

The medications mentioned above may cause constipation. To guard against this, take gentle laxatives, maintain a high fibre diet and drink plenty of water.

Opioids should be reduced gradually. There are many side effects associated with taking opioids for prolonged periods, including risk of addiction, tolerance, psychological dependence, nausea, sexual dysfunction, fatigue and depression. Furthermore, prolonged use of opiates can affect wound healing.

Withdrawal

Whilst your opioid medication is being reduced there is a risk you could suffer from withdrawal symptoms such as abdominal cramps, anxiety, excessive sweating, goose bumps, difficulty sleeping or increased heart rate. It is important to tell your doctor if you experience any of these as dose adjustments may be needed.

Non-opioid pain relief

- Gabapentin
- Pregabalin
- Amitriptyline

There are separate leaflets for the above medications, which go into more detail. Please refer to them as needed. Like the opioid type of pain medication it is important to discontinue these gradually.

NSAID's:

- Ibuprofen
- Naproxen

Start to reduce these medications when you no longer need the stronger pain relief listed above. You can restart them if necessary. Always take these medications with food as they can cause some stomach irritation. If you develop stomach pain, stop taking these medications immediately and inform your GP. You may have been started on a stomach protection medication, such as lansoprazole, with these drugs. You can stop taking it when you stop taking the ibuprofen or naproxen.

- Paracetamol

This is effective for mild to moderate pain and can help other pain medication to work more effectively. This is the last of the pain relievers that you should stop.

Do not take any other products that contain paracetamol while taking this medicine, such as cold or flu remedies, co-dydramol or co-codamol.

When you start reducing your medications, reduce morning doses first so you are awake to take breakthrough pain relief if necessary.

Increase your activity levels gradually to help you to manage pain better.

These medications should be avoided during pregnancy.

Please ask your pharmacist or GP for further information, or call the QVH pharmacy medication helpline on **01342 41215**, Monday to Friday 09:00-17:30.

Disclaimer: This information is for guidance purposes and does not replace professional advice by a qualified practitioner.

Please ask if you would like this leaflet in larger print or a different format.

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Pain relief after surgery:

Guidance for patients on reducing post-operative pain medication once home

Only take pain medication prescribed by your doctor. Tell staff if you normally take any other medication.

