



A patient's guide to

# pain relief at home following your operation

**18+** (Adults only)



**This leaflet has been designed to give you more information about your painkillers in order to help you control any pain you may have at home following your operation. Taking painkillers regularly can aid recovery.**

Please read this leaflet carefully and show it to the person who is looking after you.

## **Who to contact about your painkillers when you are home**

If you are worried about the painkillers you have been given or any other medicines you have been asked to take, please contact your GP or community pharmacist. You can also phone the hospital pharmacy on 020 3947 0037.

## **Your pain killers**

You will be given a pack of medicine(s) on discharge that contain some or all of the following pain killers depending on your pain relief requirements:

- Paracetamol
- Weak opioids such as dihydrocodeine or tramadol

- Non-steroidal anti-inflammatory drugs such as ibuprofen or naproxen
- Strong opioids such as morphine or oxycodone. These painkillers are usually used on a short-term basis. It is thus very likely that you will only be given a limited supply when you leave hospital. This can then be reviewed by your GP.

## **Paracetamol**

This is the foundation of most pain relief. You can take up to 2 tablets every 4 hours (each tablet contains 500mg) but do not take more than 8 tablets in any 24 hour period.

Paracetamol is safe in normal doses. It does not have any common side effects. You can buy paracetamol over the counter from your local pharmacy or supermarket. Please make sure that you do not take more than one paracetamol containing product at the same time. Some pain killers like co-codamol also contain paracetamol. If in doubt consult your GP or pharmacy.

## Weak Opioids

### Dihydrocodeine

This is for the relief of moderate to severe pain. You can take one tablet (30mg) every 4 hours.

Dihydrocodeine can make you feel dizzy, light headed, drowsy and nauseous. Do not drive or operate machinery while taking any of these if you are affected.

Dihydrocodeine may be constipating, so it is advisable to eat a healthy diet including plenty of fruit and vegetables and drink plenty of fluids.

You may also be prescribed laxatives such as docusate, senna or movicol with this medication to help relieve any constipation. A leaflet about these laxatives is also available.

### Tramadol

Tramadol a controlled drug (CD) used for the relief of moderate to severe pain. You can take one to two capsules every 4 hours (50-100mg) but do not take more than 400mg (or 8 x 50mg capsules) in any 24 hour period.

Tramadol may cause drowsiness. Make sure your reactions are normal before driving, operating machinery or doing any other jobs which could be dangerous if you are not fully alert. Tramadol can also cause hallucinations, especially in the elderly.

Tramadol has some opioid activity. Other opioids (including dihydrocodeine/codeine) are generally not prescribed together with tramadol for this reason. Please clarify these combinations with your prescriber if you have any concerns.

## **Non Steroidal Anti-Inflammatory Drugs (NSAIDs) (e.g. Ibuprofen or Naproxen)**

These are anti-inflammatory drugs used for moderate pain.

**Ibuprofen:** You can take 200-400mg up to three to times a day.

**Naproxen:** You can take one 250mg or 500mg tablet every 12 hours

Anti-inflammatory drugs can sometimes cause stomach irritation. In rare cases this can be more severe with ulcers or stomach bleeding. These tablets should therefore be taken with or after a meal or snack. You may be prescribed a medicine to protect your stomach such as ranitidine or lansoprazole. Anti-inflammatory drugs can make asthma worse, but most people with asthma are not affected. Please highlight any such worsening you may have experienced in the past to your doctors and pharmacist so the appropriate measures can be taken.

## **Strong Opioids (e.g. morphine and oxycodone)**

If you have more severe pain after your operation, you will be prescribed stronger painkillers such as morphine or oxycodone.

There are 2 different types of preparations of each of these drugs.

One is a slow release preparation which is taken every 12 hours and provides a background to pain relief and the other is an immediate release preparation which is taken when required for severe, or breakthrough, pain in between your regular doses of painkillers.

The usual dose for the slow release preparation is 10 – 20mg twice a day and the dose for the immediate release preparation is usually 10-20mg every 2-4 hours when required. This may vary from patient to patient and some patients may require higher or lower doses according to their pain and sensitivity to the opioid medicine.

The following side effects may occur with opioid medication:

- Increasing the dose without close supervision by your Doctor could lead to drug overdose causing severe sedation, respiratory depression (breathing problems) and possibly death.
- Decreasing or stopping any medication without the close supervision of your Doctor can lead to withdrawal. Withdrawal symptoms may include yawning, sweating, watery eyes, runny nose, anxiety, tremors, aching muscles, hot and cold flushes, abdominal cramps and diarrhoea. These symptoms can occur 24 to 48 hours after the last dose and can last up to three weeks.
- You may feel drowsy or confused with a normal dose. Do not drive or operate heavy machinery if this is the case.
- Constipation, nausea, vomiting, drowsiness can occur. Less common side effects are mental slowing, flushing, sweating, itching, urinary difficulties and jerkiness. These side effects may occur at the beginning of treatment or if the dose is increased and often go away within a few days.

You may be prescribed laxatives (to treat any constipation) and anti sickness medication to prevent any nausea and vomiting. You should only need to take the anti-sickness medication for the first 48 hours after the operation after which the nausea and vomiting should disappear.

## What to do if I am in pain?

Take your painkillers regularly for the first 24-48 hours after your operation. Do not wait for the pain to become severe as mild pain is easier to control. Your painkillers will be more effective when taken throughout the day. Assess your pain at least four times per day – for example at breakfast, midday, late afternoon and just before bedtime.

- **Step 1** – Ask yourself how bad is your pain? Does your pain increase with movement? Is it mild, moderate or severe?
- **Step 2** – It is safe to take the 3 types of painkillers, providing you follow the advice given (See below for which combinations of painkillers can be taken together).
- **Step 3** – Allow time for the painkillers to work. Keep on assessing your pain regularly, i.e. every four hours and take the painkillers as advised.

## Combining painkillers for different levels of pain

The following painkillers can be taken together according to your pain requirements and tolerance of the various painkillers:

Type of pain killer	Example of medicine
Anti-inflammatory	Ibuprofen, naproxen
Weak Opioid	Dihydrocodeine, tramadol, codeine
Long-acting Strong Opioid	Morphine Modified Release tablets or capsules (e.g. MSTcontinus®/Zomorph®) Oxycodone Modified Release tablets (e.g. Reltebon®, Longtec®, Oxycontin®)
Immediate release Strong Opioid	Morphine Immediate Release tablets or liquid (e.g. Sevredol®, Oramorph®) Oxycodone Immediate Release capsules and liquid (e.g. Shortec®, Oxynorm®, Lynlor®)

Note: Do not take more than one drug from each group of medicine. For example, do not take ibuprofen and naproxen together and do not take codeine and dihydrocodeine together.

Is your pain?	Painkillers to take
Mild to moderate	Paracetamol
Moderate to severe	<p>Paracetamol + anti-inflammatory <b>OR</b></p> <p>Paracetamol + weak opioid <b>OR</b></p> <p>Paracetamol + anti-inflammatory + weak opioid <b>OR</b></p> <p>Paracetamol + anti-inflammatory + immediate release strong opioid when required for severe pain <b>OR</b></p> <p>Paracetamol + weak opioid + immediate release strong opioid when required for severe pain <b>OR</b></p> <p>Paracetamol + anti-inflammatory + weak opioid + immediate release strong opioid when necessary for severe pain</p>
Severe to very severe	<p>Paracetamol + anti-inflammatory + long acting strong opioid <b>OR</b></p> <p>Paracetamol + long acting strong opioid + immediate release strong opioid <b>OR</b></p> <p>Paracetamol + anti-inflammatory + long acting strong opioid + immediate release strong opioid</p>

## **What do I do with the tablets I don't take?**

Everyone has a different experience of pain, some may have none or very little. If you do not use all of your tablets, you should return them to the local chemist for disposal. Do not put them in your refuse bin or flush them down the toilet.

## **What do I do if I need more tablets?**

If you experience a lot of pain, you may need more tablets. You can buy paracetamol, ibuprofen and lower strengths of co-codamol from your pharmacy; however, you will need a prescription from your GP for dihydrocodeine, tramadol or any of the stronger opioids. You will need to make an appointment to see your GP who will review your pain and if required give you a new prescription for further pain killers.

## **Problems with persisting pain or nausea?**

If you continue to experience pain or nausea or your pain is unbearable despite taking strong pain killers then please contact your GP or visit your nearest urgent care centre or A&E department.

