



Analgesic (pain relief) guidelines after surgery

It is well known that post procedural and post discharge pain is not well managed. This is because patients, once discharged from hospital, lack daily interaction with doctors and nurses who are able to help them with choice and administration of pain relieving medication. In addition, it is common to be confused about the various forms of analgesia available and how they may be used. The following is general advice regarding the principles by which you may manage your analgesics at home. It is important to realize that due to an individual patient's allergies, other medical conditions and the particular procedure performed, requirements of pain relief may vary vastly from person to person and you may need to seek specific advice.

Following discharge you'll be provided with a recommended pain management strategy.

Types of analgesics

PARACETAMOL AND DERIVATIVES

Paracetamol (Panadol) is what is classed as a simple analgesic. In adult subjects the dose is 1 gram or two tablets on a six hourly basis up to a maximum of eight tablets per day. Paracetamol is frequently combined with other analgesics in order to enhance its effectiveness. An example of this is Panadeine (Panadeine 8, Panadeine 15, Panadeine Forte), which may be bought over the counter at your pharmacy. Codeine on its own can sometimes be taken in very large doses. The side



effects are usually related to constipation and sedation although some people may have specific sensitivities to Codeine. However, the factor limiting the amount of Panadeine you can take is the paracetamol component. Paracetamol, if taken in overdose, is worse than aspirin or many other analgesics due to its liver toxicity. Therefore whether it's Panadol or Panadeine, you are limited to eight tablets per day. You may mix and match i.e. take one Panadol and one Panadeine if you wish but again the principle is eight tablets per day. It is common to combine this medication with other analgesics such as non-steroidal anti-inflammatory drugs (NSAIDs, anti-inflammatories) as follows:

NSAID's

Drugs in this category include ibuprofen, naproxen, diclofenac etc. These tablets are probably the most useful tablets for pain relief after your operation. They can sometimes cause minor gastro-intestinal upset particularly if you are prone to indigestion or reflux, and are best taken with food. Occasionally taking an antacid such as Mylanta or Zantac may lessen these symptoms. *If you have had previous problems with ulcers or indigestion you should take these with caution or not at all.* These medications may be taken in combination with Panadol or Panadeine.

OPIOIDS or NARCOTIC DERIVATIVES

The original drug in this category is morphine. People may not take morphine after discharge unless special circumstances exist. There are strong restrictions upon how morphine may be dispensed and prescribed. Morphine and its derivatives are derived from opium poppies. Derivatives include codeine and pethidine. Codeine is combined with analgesics such as Paracetamol and is metabolized to very small quantities of morphine in your body. There are various synthetic opioids, which vary in their length of action and effectiveness. Most will have side effects, mild sedation and constipation to various degrees. Some also have a mild muscle relaxant effect, which can be very effective after operations. These drugs include Endone, Oxycodone and Tramadol. It is unusual to require these medications after discharge for simple gynaecological surgery. However they may be prescribed in small quantities. Again because none of these tablets contain Paracetamol, they may be combined with non-steroidal anti-inflammatories or Paracetamol containing tablets.

General advice

USE OF BOWELS

Many codeine or synthetic opioid derivatives will make you constipated. You should maintain a sensible light diet and fluid intake and take laxative such as Metamucil if necessary. It is common to be quite constipated after discharge and special consideration should be given to this when you are at home. Metamucil and similar products should be taken in moderation as occasional consumption of an excessive amount can lead to abdominal pain and bloating.

WILL I BECOME ADDICTED TO MY ANALGESICS?

The short answer is NO. Many patients tell me that they “don’t like taking tablets”. Whilst it is true that analgesics do not directly improve the healing process it is important that you remain mobile, are able to sleep and are reasonably comfortable. In addition the healing process uses a lot of energy and excessive pain can lead to anxiety, difficulty sleeping and lowered mood. I can categorically state that you will not become dependent on paracetamol. There may be a tendency over many weeks to become somewhat dependent on codeine and other opioid derivatives, but over the first few days or week or two after an operation that is very unlikely. *Go home, expecting to take analgesics on a regular basis and you will gradually wean yourself off them over a period of days to weeks, as you find that you no longer need them.* It is very common for patients to feel well at time of discharge from hospital and to stop their analgesics. A very common problem is recurrence of pain post discharge, secondary to the patients ceasing or forgetting to take analgesics. There is no harm in continuing continuous small doses of analgesics such as paracetamol or NSAID’s for the first few days after discharge whether you think you need them or not. I recommend writing on your fridge with a whiteboard marker the times that your medication should be taken so that you don’t forget. You can cross them off as you move through the day. *After a major operation such as a hysterectomy a laparotomy or possibly a caesarean section taking one or two Panadol a day is generally very inadequate.* It is important that you take responsibility for self-administration of your tablets in a regular fashion to enhance your recovery.

WHEN SHALL I STOP MY ANALGESICS?

Physiologically healing tissue is at its most prolific seven to ten days after your operation. You may notice a steady increase in swelling or slight redness of the wound over this time. It is very reasonable to continue with your analgesics in a

regular fashion for at least a week after discharge. Following that time you will gradually forget to take them and wean yourself off them. However I recommend saving something a little stronger for bedtime. For example if you are normally taking paracetamol through the day, take some Panadeine along with some NSAID's at night so that you may sleep properly. Physiologically, the wound is around 95% healed by six weeks and 99.9% healed by six months. You may have some good days and bad days especially after you feel better and start moving around more, which might tend to stir things up. However the good days will become more frequent and the bad days less common as you get better. It is still common however to have occasional aches and pains many weeks or even months after your surgery. These should be short lived however.

When to notify the doctor?

If pain increases after surgery it is often due to “overdoing it”. I recommend taking a few steps back, perhaps going up a notch on your analgesics and increasing your rest. Simply stretching or lifting too much in the early stages is very unlikely to do harm. Try taking it easy for a few hours, increase your analgesics and generally things will settle. If however your increase in pain is noted and is combined with swelling, fever, and an enlarging bruise under the skin or bleeding from the wound edges then you should notify my office.

I am always happy to review my wounds at any stage post operatively.