Patient Information
A01

NHS Golden Jubilee

Taking opioid pain relief following surgery

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Version 2

About this booklet

This booklet tells you about **opioids** used for pain relief in useful sections.

About opioid pain relief

Opioids provide pain relief by acting on areas in the spinal cord and brain to block the transmission of pain signals. They are considered to be some of the strongest painkillers available and are used to treat pain after surgery, serious injury and cancer. Strong opioids include Morphine, Oxycodone and Fentanyl.

O **nly take them if other pain medicines are unsuitable or are not providing enough pain relief.**

P **rescribed in either slow release or fast release form.**

I **f you were taking strong opioid medication before coming into hospital, you may have been advised to temporarily increase your usual dose after your surgery.**

O **nly use opioids short term.**

I **nformation is available in your patient information booklet.**

D **osage of any medicine is the lowest dose that produces the desired benefit.**

S **ide effects from strong opioids**

Only take them if other pain medicines are unsuitable or are not providing enough pain relief.

You are unlikely to be entirely pain free after surgery. The aim of pain management after surgery is to provide enough pain relief to allow you to function reasonably comfortably and keep side-effects to a minimum. You will be given a combination of several different types of painkillers, depending on what is most suitable for you.

Prescribed in either slow release or fast release form.

Slow release tablets

The painkiller in slow release opioids (tablets or capsules) is released slowly into your body over 12 hours. These are no longer recommended for the management of acute post-operative pain. However, in some circumstances they may be required under the guidance of the acute pain service.

Fast release tablets

The fast release opioid form (tablet or liquid) will have a noticeable effect within approximately 30 minutes and last up to 4 hours.

If you were taking strong opioid medication before coming into hospital, you may have been advised to temporarily increase your usual dose after your surgery. In this instance, it is important to try to reduce this to your usual dose in the time frame advised when you were discharged, or sooner if you feel able.If your surgery has fixed the cause of your pain, you should speak to your General Practitioner (GP) about how to slowly reduce and stop your long term opioids to avoid experiencing withdrawal symptoms.

Only use opioids short term. Your GP will supervise a gradual reduction to help you stop taking them as your surgical pain improves. The risk to your health increases significantly when using strong opioids for a long period of time. You can become dependent on them. This means that if you stop taking them suddenly, you can get withdrawal symptoms such as tiredness, sweating, runny nose, stomach cramps, diarrhoea and aching muscles.

Information is available in your patient information booklet. If you have any questions about pain relief before you go home, you can ask the ward nurses looking after you, ward pharmacist or the specialist pain nurses. If you have any questions after you go home, contact the follow up service number in your surgery specific information booklet.

Dosage of any medicine is the lowest dose that produces the desired benefit.

It is not usual to get complete relief of pain from opioids. The aim of treatment is to reduce your pain enough for you to be able function reasonably comfortably as you recover. We will give you advice on the suitable dose for you.

When to take opioid medicines:

Slow release tablets

These are designed to produce a steady level of opioid medication in your blood over 12 hours. You should take them twice a day, 12 hours apart, for example at 6am and 6pm.

It is important to swallow the tablet or capsule whole – do not chew or crush them.

If you miss a dose of slow release opioid take it as soon as you remember. However, if it is almost time for your next dose, skip the missed dose and take your medication as normal. Do not take 2 doses at the same time.

Fast release tablets

You can take fast release opioid tablets 4 to 6 hours apart but with no more than 4 doses in 24 hours.You can use them to top-up your pain relief if needed in between taking your other pain relief medication. We will advise you how long to take your strong opioids for. You should discuss with your GP before your supply runs out.

Side effects from strong opioids

Side effects that can be experienced when taking opioid medication include:

- Dizziness
- Constipation
- Nausea (feeling sick)
- Vomiting (being sick)
- Feeling sleepy
- Confusion
- Itching
- Difficulty breathing at night

Your healthcare team may prescribe anti-sickness medication to help reduce nausea and laxatives to help treat constipation.

Things you can do to try and reduce constipation:

- Drink plenty of fluids
- Increase your fibre intake such as cereals and fruits
- Take the laxatives as instructed for the time you are using your opioids
- Ensure you keep yourself active

Side effects that are more likely to occur if you need to continue taking opioid medication beyond the first few days after your surgery may include:

- addiction
- weight gain
- erectile dysfunction
- lack of sex drive
- depression
- reduced immunity
- irregular periods
- increased levels of pain
- tolerance (they become less effective at relieving pain)

Let people in your household know you take opioids and to seek medical attention if they notice your breathing is slow or have difficulty wakening you up.

Storage

Always keep your medication in a safe place away from children



Driving



It is an offence to drive while impaired by medication.

You are responsible for making sure your ability to drive is not impaired and that you are safe to drive each time you do so.

Your surgery itself, pain and the side effects of opioids can all impair your ability to drive.

It is not advised to drive within 24 hours of a general anaesthetic.

Alcohol



Drinking alcohol while taking opioids can cause sleepiness and poor concentration.

You should avoid alcohol completely when you first start taking opioids or if you have recently increased your usual dose.

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