

Pain relief medications following surgery and injury

Information for patients preparing for discharge

In case of emergency call 000 or present to your nearest Emergency Department

If you have further questions or concerns, please call:

- The hospital where you were treated (contact details can be found at www.myhospitals.gov.au or on your discharge form)
- Your family GP
- healthdirect (24 hour health advice line) 1800 022 222
- Poisons Information Centre (specialist advice for poisons and overdoses) 13 11 26.

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This booklet 'Pain relief medicines following surgery and injury: Information for patients preparing for discharge' is designed to be used in conjunction with the booklet titled 'Recommendations for prescribing analgesia on discharge following surgery or acute injury: Information for health practitioners preparing the patient for discharge'.

For more information on WAMSG or to obtain a copy of this booklet go to website: www.watag.org.au/wamsg

To provide feedback on this booklet email: wamsq@health.wa.gov.au

Disclaimer: The information contained in this brochure has been produced as a guide only. It is not intended to be comprehensive and does not take the place of professional medical advice from your doctor, nurse or pharmacist.

Contents

Pain following surgery or injury	2
How much pain is normal and how long will it last?	2
What's the difference between a medicine name and a brand name?	3
How to take your medicines	3
You should let your treating clinician know as soon as possible if:	4
While taking pain medicines it is important that you:	4
Follow up with your family GP	4
Storage and disposal	4
What are the common pain relief medicines?	5
Paracetamol	5
Which paracetamol should I take?	5
How to take it?	5
Anti-inflammatories	6
Are there any side effects?	6
Opioids	7
What are opioids used for?	7
Other medicines	7
Are there any side effects?	7
Nerve-related pain agents	8
Pain relief management plan	9
Useful contacts	10

Pain following surgery or injury

Following surgery or an injury it is normal to have pain. Each person's experience of pain can be different but it is expected to last between a few days and a few weeks.

In most people this pain can be well controlled. It is important for your recovery that you manage your pain well so that you are able to do rehabilitation activities.

Your treating clinician (such as your doctor, nurse practitioner or pharmacist) will determine which medicines are the most appropriate for you based on your surgery or injury type, the other medicines you take and any other health conditions you may have. Tell your treating clinician if you are taking any other medicines including those prescribed, vitamins and minerals, herbal supplements and medicines you buy without a prescription from a pharmacy, supermarket or health food store.

It is important that you know the name of your medicine, how much to take, when to take it and what it is for, before you leave the hospital.

How much pain is normal and how long will it last?

The amount of, and duration of pain varies for everyone. Different operations and injuries result in different types and levels of pain. Ask your treating clinician how much pain to expect and how long it is likely to last. Knowing what to expect can help in planning how and when to reduce your pain medicines.

To help treat your pain it is important that you tell your treating clinician:

- where there is pain
- how bad is the pain (e.g. rate your pain as 0 being no pain and 10 being the worst pain imaginable)
- what it feels like (e.g. does it ache, burn, tingle)
- what helps with the pain (e.g. sitting, hot packs, medicine)
- what makes the pain worse (e.g. moving).

You may find it useful to keep a diary to help remember this information from day to day.

Usually pain will gradually reduce as your body recovers and it is expected that the amount of medicine you take to relieve the pain will slowly reduce.

It is important that you stop taking your pain medicine when you no longer feel discomfort. Some strong pain relieving medicines, such as opioids, can become addictive. This is not the case when used to control your pain.

What's the difference between a medicine name and a brand name?

Every medication has a name given to the medicine, which we will refer to as the, 'medicine name' (such as paracetamol). Companies then give these a 'brand name', to help consumers distinguish between manufacturers. Paracetamol has many brand names including Panadol®, Paralgin®, Panamax®, Dymadon®, Panadol Osteo® and Febridol®.

All medicines in this booklet are referred to by medicine name.

How to take your medicines

- Read the pharmacy label it tells you how often to take the medicine. If you are unsure about the directions ask your treating clinician.
- Take only the amount written on the label. It is important to take the medicines as prescribed to make sure your pain is well controlled.
- If pain is not relieved with mild pain medicines a strong pain medicine can be added. These are usually only taken when required and at specified intervals of time between doses.

Diagram 1: Stepping down from pain after surgery or injury

Immediately after surgery or injury

You may require a pain medication like an opioid along with other pain medications like paracetamol and/or anti-inflammatory and/or a nerve-related pain agent.

As you start to recover, the type and amount of pain medication may change

You may be prescribed less or no opioid medications, but may still be on paracetamol and/or anti-inflammatory and/or a nerve-related pain agent.

As you continue to recover and the pain becomes less

You may require less or different types of pain medication. Eventually you may only need paracetamol or nothing at all.

Diagram 1: outlines the medicines which may be used to control your pain following surgery or injury and how they may be changed and reduced during your journey towards recovery. Medicine can be stopped when the pain from the surgery or injury has stopped.

You should let your treating clinician know as soon as possible if:

- you are unable to sleep because of pain
- your pain is increasing rather than decreasing during your recovery
- your pain doesn't get better after taking your pain relief medicine
- you are experiencing side effects from your pain relief medicine
- you feel you might be becoming dependent on your pain medicines to make you feel better (for example, if you are no longer in pain, but still seeking out the medicine).

While taking pain medicines it is important that you:

- tell your dentist or any other treating clinician about all of the medicines that you are taking
- ask your treating clinician if you can take your other, usual medicine as well as the pain relievers you are taking
- do not give your medicine to anyone else

For more information about any of your medicines and side effects see the specific Consumer Medicine Information for that medicine provided to you on discharge, or visit NPS MedicineWise website www.nps.org.au/medicines

If you take too much (overdose)

If you take greater than the recommended 24 hour dose, immediately telephone your treating clinician, Poisons Information Centre (telephone 13 11 26), healthdirect 1800 022 222 (24 hour health advice line) or go to the **Emergency Department** at your nearest hospital. Do this even if there are no signs of discomfort or poisoning. You may need urgent medical attention.

Follow up with your family GP

Even if your pain is improving it is very important that you see your family GP shortly after your surgery so they can check on your recovery and help you safely reduce and stop your pain medicine.

Storage and disposal

Ensure all medicine is stored where children cannot reach it. If you have any leftover medicine, take it to your pharmacy where it can be disposed of safely.

What are the common pain relief medicines?

Paracetamol

Paracetamol is used to treat many types of pain and is usually available without a prescription. Even if you have strong pain, paracetamol can help. It can give extra pain relief, even if you are taking big doses of strong pain medicine.

Which paracetamol should I take?

Paracetamol comes in lots of different tablets and mixtures and can be bought in pharmacies or supermarkets. Talk to your treating clinician for the best form for you. Many medicines, such as cough and cold formulations, contain paracetamol. It is important not to take too much paracetamol because it can cause liver damage.

How to take it?

If you have ongoing pain it is best to take paracetamol 'regularly'.

Regularly means:

- For paracetamol **500 mg** tablets the usual dose is two tablets four times a day, which may mean two tablets are taken every six hours (maximum of eight tablets a day).
- For paracetamol 665 mg slow release tablets, the usual dose is two tablets three times a day, which may mean two tablets every eight hours (maximum of six tablets a day).

Caution: Ask your treating clinician for advice if you are also taking cough and cold formulations, as the maximum tablets to take a day will change.

Anti-inflammatories

Anti-inflammatories may be obtained with a prescription (e.g. celecoxib) or without a prescription (e.g. ibuprofen).

They are used to relieve pain and to reduce inflammation (swelling, redness or soreness) that may occur after surgery or injury.

Anti-inflammatories are found in a range of non-prescription and prescription medicines such as cough, cold and flu products. Please inform your treating clinician if you are taking any of these medicines.

Are there any side effects?

Common side effects of anti-inflammatories include stomach pain, stomach upset (including nausea or feeling sick), indigestion and heartburn.

Less common side effects include stomach ulceration, kidney problems, blood pressure or heart problems.

Caution: Anti-inflammatory medicines should only be taken for a short period of time (one to two weeks) except under medical advice.

Please advise your treating clinician if you are taking any of these medicines.

For more information about side effects refer to the specific Consumer Medicine Information. Please seek professional advice if you experience any side effects.

Opioids

Opioids are only available on prescription and include medicines such as codeine, tramadol, oxycodone, morphine, tapentadol, buprenorphine and hydromorphone.

What are opioids used for?

Opioids prescribed for pain following surgery or injury are:

- to relieve strong pain
- usually only taken when required or as needed
- usually only needed for a few days.

Other medicines

There are a number of medicines which may interact with opioids, so please discuss all of the medicines you are taking with your treating clinician, before you leave the hospital.

Are there any side effects?

Opioids can produce a number of common side effects, including:

Constipation

To reduce the risk of constipation keep up your fluid and fibre intake and stay as active as possible.

Sometimes a laxative is needed. If constipation becomes a problem you should speak to your treating clinician.

Nausea and vomiting

If nausea or vomiting becomes a problem speak to your treating clinician.

Drowsiness

Opioid medicines may affect alertness. They can cause drowsiness, sleepiness or dizziness which can make it more dangerous to do your usual activities. It is recommended that you avoid:

- driving, cycling or operating machinery
- making important personal or business decisions, or signing legal papers
- alcohol
- sleeping tablets.

Caution: If you or your family and friends notice that you become drowsy or sleepy after taking these tablets do not take any more until you are wide awake. If you need to take an opioid again for your pain, take a lower dose (such as half the dose).

When alcohol or sleeping tablets are taken with opioids they may increase the risk of drowsiness or respiratory depression (slower and shallow breathing while sleeping) which can lead to death.

Stop taking opioid pain medication and contact the emergency department or your nearest hospital if you are having trouble staying awake.

Some people may have other side effects from opioids. Tell your treating clinician if you notice anything else that is making you feel unwell while taking these medicines.

Nerve-related pain agents

These medicines may be prescribed to help manage nerve pain. You may hear them called 'adjunctive' or 'helper' medicines. Some examples include: amitriptyline, duloxetine, gabapentin, nortriptyline and pregabalin.

If you have been started on any of these medicines in hospital, continue taking as instructed or until reviewed by your family GP or treating clinician.

Pain relief management plan

Procedure/injury:

Name of hospital:

You may have been prescribed one or more of these medicines. Cross out the medicines which you are not taking. Your treating clinician can assist you in completing this section.

Paracetamol

Paracetamol 500 mg Tablets Paracetamol Slow Release 665 mg Take 2 tablets four times a day **Tablets** Suggested times to take medicine: Take 2 tablets three times a day OR 7am, 12pm (midday), 6pm and 10pm Suggested times to take medicine: Expected duration _____ days 7am, 2pm and 10pm Expected duration _____ days **Anti-inflammatories** Medicine name: _____ PBS Non-PBS Brand name: _____ Directions: Expected duration: _____ days Take with or after food **Extra pain relief medicine** Used when regular pain relief medicines are not sufficient to control pain Medicine name: _____ PBS Non-PBS Brand name: _____ Directions: Extra information: _____ Expected duration: _____ days Medicine name: _____ PBS Non-PBS Brand name: Directions: Extra information: Expected duration: _____ days Nerve-related pain medicine Medicine name: _____ PBS Non-PBS Brand name: Directions: Expected duration: days Date of surgery/ injury: _____

Date of next family GP appointment:

Date of next hospital appointment:

Useful contacts

healthdirect

For free immediate health advice from experienced nurses:

Telephone: 1800 022 222 www.healthdirect.gov.au

NPS Adverse Medicines Events (AME) Line

For reporting adverse experiences with medicines

Telephone: 1300 134 237

www.nps.org.au/contact-us/adverse-medicines-events

NPS MedicineWise – Medicines Line

For information about pain relievers and other medicines

Telephone: 1300 633 424 (1300 MEDICINE) www.nps.org.au/contact-us/medicines-line

Poisons Information Centre: Perth WA

For immediate specialist advice for overdoses or poisoning:

Telephone: 13 11 26 (all areas, all hours)

This document can be made available in alternative formats on request for a person with disability.

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