

Plan for reducing postoperative pain medicine

Inpatient Pain Team Advice

Only take pain medicines that have been prescribed by your doctor. Tell your doctor if you normally take any other medicines.

Pregnancy must be avoided whilst taking these medications.

For all patients that have had an operation and discharged home with pain medicines

Reducing your pain medicine may take time. The important thing is that your pain is controlled well enough so that you can keep mobile. Give yourself 1-2 days to settle in at home before starting to decrease pain medicines after your operation as your activity may increase at this time. Reduce one medicine at a time by going down this list so that your body can adjust to the reduction process and avoid any unpleasant side effects. You may only be taking some of these pain medicines. Your hospital doctor will decide which pain medicines you need to take home. This is a guide and you should talk with your GP regarding changes to your medication if you have side effects, feel unwell or have increasing pain.

If you visit your GP please take your medicines with you even if the bottles / packets are empty.

The medicines you are taking should be marked with a ✓ in the box.

Long acting opioids - not recommended for long term use

- **Modified Release (MR) / Sustained Release (SR) forms of ‘morphine sulphate MR’; ‘oxycodone MR’; ‘tramadol MR/SR’**
- **Fentanyl (durogesic) & Buprenorphine (Butrans or Transtec) patches.**

These drugs must be reduced gradually and not stopped suddenly. They are for severe pain and the first pain medication that should be reduced. As your pain improves reduce all doses by small amounts every few days: you may need to see your GP for reducing doses. Continue this process until you have completely stopped taking this medicine for your operation pain. If you have been taking this medicine for any other pain, then talk to your doctor about your requirements.

Short acting opioids - not recommended for long term use

- **Morphine sulphate liquid or tablets (fast-acting morphine)
Oxycodone liquid or tablets (fast-acting oxycodone),
Tramadol and Dihydrocodeine or Codeine phosphate
(fast acting drugs).**

These are for taking if you have 'breakthrough' pain which you may need occasionally for example before physical activity. You may also need these 'fast-acting' pain killers for a short time when you stop taking modified / sustained release pain medicine (e.g: 'morphine sulphate SR'). Reduce this medicine as your pain improves. Continue taking gentle laxatives whilst you are taking any morphine, oxycodone, tramadol or dihydrocodeine/codeine preparations to prevent constipation. Maintain a high fibre diet and keep drinking plenty.

- **Gabapentin or pregabalin:**

These medicines are licensed for pain caused by nerves that are not working properly. They belong to a group of drugs designed to treat epilepsy and have found to be helpful in some patients following surgery. There may be some benefit in continuing to take this medicine: it would be advisable to see your GP to discuss this (see advice on back page).

These pain medicines **must** be reduced gradually and not stopped suddenly. When you no longer require these pain medicines we suggest you contact your GP to enable you to do this safely.

- **Amitriptyline:**

This medicine is licensed for chronic pain caused by nerves that are not working properly. They can also improve your quality of sleep. Reduce this medication when you no longer require gabapentin or pregabalin. Reduce the dose by 10mg every 7 days or as directed by your GP.

- **NSAID e.g. Ibuprofen or Naproxen:**

Reduce or stop this pain medicine when you no longer require opioid medicine (for example morphine or oxycodone). You can always restart if necessary. Always take NSAIDs with a small amount of food

because they can cause stomach irritation. If you develop stomach pain, stop taking NSAIDs and inform your GP. If you have been given a stomach protector (e.g. lansoprazole) and you don't usually take it at home then stop this when you stop taking the NSAID.

- **Paracetamol (do not exceed 4 grams in each 24 hour period – less if you weigh less than 50 kg)**

DO NOT TAKE ANY OTHER PRODUCTS THAT CONTAIN PARACETAMOL WHILE TAKING THIS MEDICINE.

This is effective for mild to moderate pain and also helps other pain medicines work more efficiently for severe pain. This is the last of your pain medicines to stop.

- **Lidocaine Plasters**

Continue to use these as prescribed on discharge. If your pain increases following removal then seek advice from your GP.

Hints

When reducing any of these pain medicines it is always important to change doses in the morning so that you are able to take some extra pain medicine if necessary during the day without interfering with your sleep.

Gentle, frequent mobilisation will help you manage your pain better. Gradually build on this so that you can participate in activities that will allow you to achieve your goals.

Any further advice relating to drugs that have been prescribed for you should be sought from your G.P.

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Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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