Royal College of Anaesthetists | FACULTY OF PAIN MEDICINE of the Royal College of Anaesthetists | Trusted Information Creator – Patient Information Forum

Pain relief after surgery

This leaflet gives information on how your pain can be controlled after surgery. It provides information on the different types of pain relief and how you can take them. It has been written by anaesthetists working together with patient representatives.

Why it's important to control pain after surgery

If pain is not controlled effectively after surgery, it can delay your recovery and increase the risk of complications. If possible, soon after surgery you will be encouraged to move, eat and drink to help you recover quickly. If you are in too much pain, you will find it difficult to do these things. High levels of pain can also affect your sleep and mental wellbeing.

Good pain relief after surgery will help you to:

- get out of bed and walk as soon as possible after surgery: you may be referred to a physiotherapist who will help you do specific exercises
- breathe deeply and cough: this will help keep your lungs clear and reduce the risk of chest infection
- avoid back pain and problems with your skin caused by lying down for long periods of time
- reduce the risk of blood clots (deep vein thrombosis or DVT), which can also be caused by lying or sitting down for long periods
- prevent chronic post-surgical pain – long-lasting pain that may continue for months after surgery and delay your recovery
- reduce anxiety and sleep well: feeling anxious can increase your pain. This could mean that you need to take stronger pain medication or take it for longer.

It's very important to tell the healthcare team if you are in pain after surgery. It's better to control your pain before it gets serious. Occasionally, pain is a warning sign that something is not right, so it's important to ask for help straight away.

What are the different types of pain relief after surgery and which one is right for me?

There are many different types of pain relief that can be used after surgery. These range from over-the-counter pain medicines (paracetamol, ibuprofen) to more complex types of pain relief. Often a combination of different types is used. The type of pain relief recommended for you will depend on the complexity of your surgery and your health.

Ahead of your surgery, you will be invited to attend a preoperative assessment clinic to check your general health, current medication and any existing medical conditions. If you are already taking pain medication for a health problem that you have, it's important to tell the nurses at this appointment. This helps ensure that all the healthcare professionals caring for you are aware of your medical history. Pain management is a team effort involving surgeons, anaesthetists, nurses and pharmacists.

For more complex surgery, you might be offered a discussion with an anaesthetist before your operation on how your pain can be best controlled. They will consider:

- your general health, age and current medications
- your previous experience of pain after surgery and any concerns that you may have
- the type of surgery and how much pain you are likely to feel after
- any allergies to or side effects from pain medicines
- your mental health and level of anxiety.

The anaesthetist will discuss the options with you, including their benefits and risks. Together you will agree a plan to control your pain after surgery.

The table below describes the different types of pain relief and when they are most likely to be used.

Type of pain relief	How it's given	When it's most likely to be used
Paracetamol	Tablets or liquids to swallow; sometimes through a drip (intravenous or IV)	Usually offered to most people after routine surgery and is often the first choice for mild pain
Anti-inflammatory drugs (non-steroidal anti-inflammatory drugs or NSAIDs) (ibuprofen, diclofenac)	Tablets or liquids to swallow; sometimes through a drip (IV)	Often used with paracetamol for additional pain relief. Not suitable for people with certain medical conditions
Opioids (morphine, oxycodone, tramadol, fentanyl)	Tablets or liquids to swallow, through a drip (IV) or through a pump that you control with a button (the dose is preset so you cannot give yourself too much medication)	To control pain after major surgery or if other pain medication has not worked well Opioids are strong medications that are useful for treating short-term pain. They are taken for a short time, usually for 5–7 days after your operation while healing begins. They have many potential side effects and you will be closely monitored both in hospital and at home while you are taking them. More information on opioids is available at the Faculty of Pain Medicine website (www.fpm.ac.uk/opioids-aware/information-patients)

Regional anaesthesia (nerve blocks, epidurals, spinals)	Anaesthetic injections near nerves or into the spine. Usually given in the operating theatre. A small tube (catheter) may be left in place to top up the anaesthetic	To give pain relief after major operations on the chest, stomach or legs. They stay in for 2–5 days or until you can start taking oral pain relief More information on regional anaesthetics is available on our website (**www.rcoa.ac.uk/patientinfo/epidural-anaesthesia**)
Wound catheters	Anaesthetic injections through a small tube near the surgical wound. Usually given in the operating theatre. The catheter may be left in place to top up the anaesthetic	To give pain relief in the area where the surgery was done. They stay in for 2–5 days or until you can start taking oral pain relief

Will I need to take pain relief at home?

Your healthcare team will agree a plan with you for your pain relief at home. They will also explain how to take your pain medication. This information is usually included in your discharge letter.

You may be advised to take several different types of pain relief. It is important that you understand how to use the different medications and that you know about the possible side effects. It is helpful if a relative or friend listens when this information is given, to help you if you can't remember how to take them.

If you have been prescribed paracetamol or ibuprofen:

- make sure that you carefully follow the instructions that you have been given, even if you think your pain is manageable without them
- taking them at regular times will give you the best pain relief and reduce the need for stronger medication such as opioids.

If you have been prescribed opioids:

- it is important that you take them only as long as necessary and strictly as instructed
- your GP or pharmacist can help you reduce these after surgery if you have difficulties stopping
- avoid driving if they make you feel sleepy
- do not drink alcohol or use recreational drugs while taking opioids
- do not throw unused opioids in the bin or down drains; take them to your local pharmacy for safe disposal
- if your breathing becomes slow, call 999 or ask your carers to call 999 and explain that you are taking opioids for pain.

If your pain gets worse, you should:

- contact the surgical ward or anaesthetic department (there should be a contact number on your discharge letter) or
- contact NHS 111 or visit an emergency service, if you are worried about your condition.

If you still have pain three months after surgery, you should get advice from your GP or pharmacist.

Visit our patient information resources section (**www.rcoa.ac.uk/patientinfo/resources**) to find out more about the different types of anaesthetics, what to expect and how to prepare for surgery.

Disclaimer

We try very hard to keep the information in this leaflet accurate and up-to-date, but we cannot guarantee this. We don't expect this general information to cover all the questions you might have or to deal with everything that might be important to you. You should discuss your choices and any worries you have with your medical team, using this leaflet as a guide. This leaflet on its own should not be treated as advice. It cannot be used for any commercial or business purpose. For full details, please see our website: **www.rcoa.ac.uk/patientinfo/resources#disclaimer**.

Information for healthcare professionals on printing this leaflet

Please consider the visual impairments of patients when printing or photocopying this leaflet. Photocopies of photocopies are discouraged because these tend to be low-quality prints and can be very difficult for patients to read. Please also make sure that you use the latest version of this leaflet, which is available on the RCoA website.

Tell us what you think

We welcome suggestions to improve this leaflet. If you're a patient or carer, we'd love to hear from you. Please complete this short survey at: **www.rcoa.ac.uk/patientinfo/pain-relief#tell-us** or you can scan the QR code below with your mobile.

If you have any general comments, please email them to: **patientinformation@rcoa.ac.uk**.

Your feedback helps us understand who is using our information, how useful it is and how our resources have helped you. Thank you.

rcoa.ac.uk

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This leaflet will be reviewed within three years of the date of publication.

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