

Opioids for Acute Pain Relief after planned surgery. Elective Surgery B1

Patient Information Leaflet

Introduction

This leaflet explains what an opioid is and why it is beneficial to some patients to help alleviate acute pain after a planned operation.

What is acute pain?

There are several types of pain. Acute pain is pain that occurs immediately on, or after a physical injury, or surgery. It provides the body with a warning signal that something is wrong. It is important to manage acute pain properly to avoid it developing into long-term chronic pain.

Acute pain can be experienced after an operation and usually gets better quickly over a few days or weeks.

What is an opioid?

Opioids provide pain relief by acting on areas in the spinal cord and brain to block the transmission of pain signals. Opioids are a short-term option for acute pain. Opioids can significantly reduce pain, but rarely stop pain altogether.

Opioids are morphine like medications and should be used in the smallest dose for the shortest period of time and usually only need to be given for a few days to relieve acute pain following surgery. They can help to reduce severe pain to a level where you can move, deep breathe and cough comfortably. This lowers the risk of serious complications such as chest infections, blood clots and development of pressure sores.

Opioids are often given with regular paracetamol. You may also be advised to take non-steroidal-anti-inflammatory (NSAIDs) such as ibuprofen or naproxen (as long as you do not have a history of stomach ulcers, aspirin sensitive asthma or poor kidney function). Paracetamol and NSAIDs can reduce the amount of opioid needed and should be taken regularly while you are experiencing acute pain. It is safe to take a combination of two or more of the different painkillers if prescribed for you.

How are opioids given?

Opioids can be given by mouth, in an injection form into a muscle or vein or are sometimes delivered into a vein by a pump which is controlled by the patient who presses a button on the pump when they require pain relief. The pump is designed so that it will not allow you to give yourself too much of the opioid contained within it.

Opioid use in acute pain is usually provided in an immediate release form. If this is given in a liquid form (Oromorph) it takes about 20 minutes to work and relief can last around 4 hours.

If it is given as a tablet it takes 30-60 minutes to work and the relief can last around 4 hours.

You may be prescribed stronger modified release opioids such as Oxycodone or Zomorph. Modified release opioids are released slowly into the body to provide pain relief throughout the day and night, each dose lasts for 12 hours. They are less frequently used to manage acute pain after surgery.

Other opioids

Tramadol, codeine and co-codamol (contains paracetamol) are weaker opioids.

These are all pain relief medications used to treat moderate to severe pain. They start to work within 30-60 minutes and are usually taken 4 times a day.

Each co-codamol tablet contains 500mg of paracetamol. Do not take more than 8 tablets in 24 hours and do not take any additional paracetamol.

How should I take my opioid medication?

You will be given instructions about how to take your opioid medication both whilst you are an inpatient and before leaving the hospital.

Please inform a member of the ward staff if you are already taking opioids when you come into hospital as we can refer you to the specialist pain team whilst you are in hospital to ensure your pain is managed well.

What about side effects?

There are several common side effects with opioids. Some get better after a short period of time, but others last longer. Your doctor, nurse or the ward pharmacist can advise you how to manage these side effects:

- Constipation Most people taking opioids will have constipation. You are likely to be prescribed laxatives when you start opioids to help with this.
- Sickness or nausea and vomiting some people feel sick when they start taking opioids but this wears off after a few days. However, if you do feel sick the doctor can prescribe medicines to help with this.

- Drowsiness you may find that you cannot concentrate or that you are more sleepy than normal when you first start taking opioids, or if the dose is increased. This usually wears off after a few days.
- Dry mouth Frequent sips of cool drinks, or sucking boiled sweets or chewing gum can help to keep your mouth moist.
- Dizziness if you feel dizzy you should ask for help when moving around. The dizziness usually wears off after a few days.

Occasionally, opioids can cause other side effects such as prolonged sleepiness, muddled thoughts, bad dreams, hallucinations or muscle twitching. If these occur, the doctor may decide to reduce your dose or change your opioid medicine to a different one.

Going home on opioids

It is important not to take opioids for longer than you need. The aim is to gradually lower the amount you are taking and stop them (or return to your normal dose) before your supply runs out.

- Driving opioids may affect your ability to drive. DO NOT DRIVE if you feel sleepy or drowsy. It is your responsibility to make sure you are safe to drive. You should also not operate machinery if you feel drowsy.
- Alcohol do not drink any alcohol when taking opioids as this could increase drowsiness.
- Will I become addicted? opioids have a serious risk of addiction, particularly with long term use. Therefore, you should only take opioids for a few days unless advised otherwise by the doctor.
- How do I store opioids? keep the medication in the original container at room temperature and in a dry place. Keep out of reach of children. NEVER give your opioid medicine to anyone else.
- What should I do with any unused opioids? return them to your local pharmacy. Do not flush them down the toilet or throw them away.

Reducing and stopping your opioids

Before leaving hospital make sure you ask the doctor or nurse discharging you the following questions:

- How long is the pain expected to last?
- How should I take my pain relief and can I adjust the dose?

Suddenly stopping opioids can result in withdrawal type symptoms which may include shivers, diarrhoea, difficulty sleeping, widespread or increased pain, body aches, irritability and agitation and nausea and vomiting.

In the week following surgery you can start to reduce the number of painkillers you are taking as your discomfort decreases.

Discontinue the strong opioids first (paracetamol should be the last painkiller you should stop) by gradually increasing the time between doses and then reducing the number (dose) of opioid you are taking. If you have any withdrawal symptoms you should revert back to the last dose/frequency and consult your General Practitioner or Pharmacist for advice.

What should I do if I am worried about the opioids I am taking?

You can contact your General Practitioner or Pharmacist for advice. Further information can be found at

Taking opioids for pain Faculty of Pain Medicine, Royal College of Anaesthetists

Website: <u>www.fpm.ac.uk/opioids-aware-information-patients/taking-opioids-pain</u>

GOV.UK

Website: <u>www.gov.uk/guidance/opioid-medicines-and-the-risk-of-addiction</u>

Drug Driving Law

Website: <u>www.gov.uk/drug-driving-law</u>

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Department details here

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

http://dgft.nhs.uk/services-and-wards/

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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