

Pain Relief (analgesia) after Surgery

It is common for patients to be confused about the various forms of analgesia and how they may be used. The following is general advice about how manage your analgesics at home. *Requirements for pain relief vary from person to person and you may need to seek specific advice. The medications used may depend on what you've been using in hospital, previous experience, and allergies.*

TYPES OF ANALGESICS

Paracetamol

Paracetamol (Panadol) is an example of a "simple analgesic". In adult subjects the dose is 1 gram (two tablets) six hourly up to a maximum of eight tablets per day. Paracetamol can be combined with other analgesics and we often do this in hospital. Panadeine contains paracetamol and codeine (Panadeine 8, Panadeine 15, Panadeine Forte) and now needs a prescription. Possible side effects of codeine include drowsiness and constipation. The factor limiting the amount of Panadeine you can take is the paracetamol component. Paracetamol, if taken in overdose, may cause liver toxicity. Therefore, whether it's Panadol or Panadeine, you are limited to eight tablets per day. You may mix and match i.e. take one Panadol and one Panadeine if you wish but again the principle is eight tablets per day. It is common to combine this medication with **anti-inflammatory** drugs as follows:

Anti-inflammatory drugs

These tablets are probably the most useful tablets for pain relief after your operation. Drugs in this category include ibuprofen/Nurofen, naproxen/Naprogenic, diclofenac/Voltaren, Paracoxib, aspirin etc. They can sometimes cause minor gastro-intestinal upset particularly if you are prone to indigestion or reflux, and are best taken with food. An antacid such as Mylanta or Zantac can help. *If you have had previous problems with ulcers or indigestion you should take these with caution or not at all.* These medications may be taken in combination with other analgesics of different classes.

Opioids or narcotic derivatives

This type of medication was originally derived from poppies and changes the way the brain and nervous system perceive pain. The original was morphine. Examples are oxycodone/Endone, the longer acting form OxyContin, Tramadol, codeine and Targin. None of these tablets contain paracetamol, so they may be taken together with anti inflammatories and paracetamol containing tablets.

Most will have side effects such as sedation and constipation so it is very important to take them just as prescribed. Some also have a mild muscle relaxant effect, which can be useful after operations.

These medications may be prescribed in small quantities after discharge for gynaecological surgery.

GENERAL ADVICE

Care of bowels

If taken for days, codeine or synthetic opioid derivatives can cause constipation even if you are not normally prone to this. Maintain a sensible light diet and fluid intake and take a laxative such as Metamucil, Coloxyl or sometimes Movicol. Because of changes in diet, medications and the operation it is common to be quite constipated after discharge and special consideration should be given to this when you are at home. Laxatives should be taken with care as an excessive amount can lead to abdominal pain and bloating.

If you are worried that you are not using your bowels properly contact Dr Thomas or your GP.

Can I become addicted to my analgesics?

The short answer is NO. Many patients tell me that they “don’t like taking tablets”. It is important that you remain mobile, are able to sleep and are reasonably comfortable. In addition, the healing process uses a lot of energy and too much pain can lead to a slower recovery and loss of confidence.

Go home expecting to take analgesics on a regular basis (three or four times a day) and you will gradually wean yourself off them over a period of days to weeks, as you find that you no longer need them.

It is very common for patients to feel well at time of discharge from hospital and to cease their pain relief too soon. There is no harm in continuing continuous small doses of analgesics such as paracetamol and anti inflammatories for the first few days after discharge whether you think you need them or not.

I recommend writing on your fridge with a whiteboard marker when your medication should be taken so that you don't forget. You can cross them off as you move through the day.

After a major operation such as a hysterectomy, a laparotomy or laparoscopy taking one or two paracetamol a day will not be sufficient!

When should I stop my analgesics?

The healing process is at its maximum seven to ten days after your operation. You may notice a steady increase in swelling or slight redness of the wound over this time.

Continue to take your pain relief for at least one week after discharge. I recommend saving something a little stronger for bedtime- for example Endone if it's been prescribed. Gradually stop the medication as you recover.

It is common however to have occasional aches and pains many weeks or even months after your surgery. These will become less and less frequent.

When should I seek help?

If pain increases after surgery it is often due to "overdoing it". Increase your analgesics and rest. Simply stretching coughing or lifting too much in the early stages is unlikely to do harm.

Try taking it easy for a few hours, increase your analgesics and generally things will settle.

If pain is combined with swelling, fever, and an enlarging bruise under the skin or bleeding from the wound edges then you should notify my office. I'm happy to see you earlier than the review appointment if you are worried.

Paging service for urgent matters, 9387-1000.

