

Surgery soon? Use these 3 tips to manage post-surgical pain

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When someone has surgery, pain may be top of mind.

An expert in managing post-op [pain](#) offers three tips for keeping it under control, safely.

"Pain can inhibit recovery, but good [pain control](#) can be an accelerator of a patient's recovery," said Dr. Jonah Stulberg, a member of the American College of Surgeons (ACS) Patient Education Committee and vice chair of research for the Department of Surgery at the University of Texas Health Sciences Center of Houston.

While for most people pain will be either mild or relieved within a few days following [surgery](#), some patients have lingering pain that may develop into [chronic pain](#).

First, patients should begin by discussing pain control with their health providers before surgery.

"Bringing up pain control with your care team before surgery will help you come up with a plan and understand how much pain you can expect to have after surgery," Stulberg said in an ACS news release. "Having these conversations upfront can save you a lot of time and a lot of headaches after surgery, and it definitely helps with safety."

Stulberg recommends asking a series of questions:

- How much pain should I expect after my surgery?
- How should I manage that pain after surgery?
- When do I call if the pain is becoming too much or if I'm having trouble completing my daily activities?

Second, know your medication or therapies.

Some effective ways to manage pain that don't include taking opioids are taking over-the-counter medications, such as acetaminophen or

ibuprofen. These can be taken separately or together, and they have been shown to be as effective as opioids for managing pain.

"But these medications also need to be limited in certain instances and should only be used as prescribed," Stulberg added.

Some basics like heat, ice and elevation, or complementary therapies like acupuncture and massage, may also help with pain.

Exercise and rehabilitation therapies may be done in conjunction with occupational or physical therapy.

"Certain movements will be allowed, while others may need to be restricted to allow time for your body to heal," Stulberg said. "These are conversations you can have with your doctor before surgery to help manage your pain."

Opioid medications, such as oxycodone and tramadol, may be prescribed for [severe pain](#) after surgery in some cases. However, these should be used with strict caution, stored safely and properly disposed of following recovery.

"Opioid medications are really prescribed to that specific individual for the purposes of pain control from that specific surgery," Stulberg said. "As we've seen with the [opioid](#) crisis, when those opioids are not used for the specific purpose that was prescribed by the physician, it can lead to misuse and tragic consequences."

Third, it's important to talk with your surgeon about your pain.

Describing pain can be incredibly challenging because it is so subjective.

Stulberg recommends speaking to your care team about pain as it relates

to function, such as you're having trouble taking a deep breath because of the pain or having trouble getting out of bed or walking to the bathroom.

"That type of pain can be severe pain and suggests we may need to control your pain better," he said. "If your pain is constant but you're able to take deep breaths and go about your day, that might be a level of pain you may need to tolerate for a short time after your surgery. That is the conversation to have with your surgeon."

Stulberg suggests some other questions patients can ask the care team, including what they should be able to do after surgery, whether they can wait to fill an [opioid prescription](#) until they know if they'll need it, what return to function they should expect over days and weeks and how much pain should limit them.

Always seek help if you feel that your pain has become severe or if you have a fever greater than 101 degrees Fahrenheit, a fast heart rate felt in the chest or throat, nausea or vomiting.

"Those are all signs you should really be calling your doctor," Stulberg said.

"We've learned a lot in the past decade, and many providers do a better job of checking things like prescription monitoring programs before prescribing opioids," Stulberg said. "But each patient has unique pain needs—some patients do require more assistance with pain control, while others may have a higher pain tolerance or less of a sensation from the surgeries. Patient education continues to be front and center as an important component to creating a safer environment for pain control."

More information: The U.S. Centers for Disease Control and Prevention offers more on [managing pain without opioids](#).

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