

# Post-Surgical Pain Management Quick Start Guide

A research-based tool to help you advocate for safer, more effective pain management

## Before You Read Further

This is NOT medical advice. This guide compiles current research to help you have informed conversations with your healthcare providers. All medical decisions must be made in consultation with your surgical team, who have access to your complete medical history.

Use this to prepare questions and understand your options. Your providers are your partners in creating the safest pain management plan for your situation.

## Your 3 Core Goals

### 1. Participate in pain management decisions BEFORE surgery

Research shows prescribing decisions are typically made before you wake up. Get in the conversation early.

### 2. Request multimodal protocols that reduce opioid exposure

Studies demonstrate that combining multiple medication types provides better pain control with fewer opioids than traditional approaches.

### 3. Have a written tapering plan before surgery begins

Most procedures should have patients off opioids within 5-10 days. Know the timeline in advance.

## Check Your Risk Factors

Understanding your risk helps you have more informed conversations with your surgical team. Check all that apply:

### Universal Risk Factors for Prolonged Opioid Use:

- Age 50 or older (highest risk group)
- Personal history of substance use disorder
- Family history of addiction
- History of depression or anxiety

- Previous negative experience with prescription opioids
- Currently taking opioids for any reason
- Previous surgery where you had difficulty stopping opioids afterward
- Chronic pain condition prior to surgery
- History of poor response to NSAIDs or acetaminophen

**What this means:**

If you checked 0-2 boxes: Standard multimodal protocols typically work well

If you checked 3-4 boxes: Discuss additional safeguards with your surgeon

If you checked 5+ boxes: Request consultation with pain management or addiction medicine specialist  
**BEFORE** surgery

*References: Goesling et al., JAMA Surg 2017; Gaffney et al., Anesth Analg 2020*

# The 6 Essential Questions for Your Pre-Op Appointment

Schedule a specific conversation about pain management 2-3 weeks before surgery. Bring this guide with you.

## Question 1: Nerve Blocks & Regional Anesthesia

"What nerve block or regional anesthesia options are available for my procedure?"

Why this matters: Nerve blocks can reduce opioid needs by up to 50% in the first 12-24 hours when pain is typically worst.

Follow-up: "How long does the block typically last? Is a continuous catheter an option?"

## Question 2: Multimodal Protocol

"What medications will be scheduled around-the-clock as part of my multimodal protocol? I want to understand the NSAIDs, acetaminophen, and any adjuvant medications before we discuss opioids."

What you should hear about: NSAIDs (Ibuprofen, Ketorolac, or Celebrex), Acetaminophen scheduled every 6-8 hours (not 'as needed'), Possible gabapentinoids for nerve pain, Local anesthetics during surgery

*Reference: Elmallah et al., Surg Technol Int 2019*

## Question 3: Prescription Size

"Research shows smaller initial prescriptions lead to less consumption without more refill requests. What's the minimum number of pills most of your patients actually need when using a good multimodal protocol?"

If they suggest 60+ pills: "Would you be comfortable starting me with 20-30 pills, with the understanding that I can get a refill if needed?"

*Reference: Sekhri et al., J Arthroplasty 2019*

## Question 4: Tapering Timeline

"Can we create a written tapering timeline now, before surgery, so I know when to start spacing doses and when the goal is to stop completely?"

A good tapering plan includes: Clear timeline (most surgeries: opioids discontinued by day 7-10), Instructions for spacing doses starting around day 4-5, Specific trigger for calling if still requiring opioids more than 3 times daily after day 7

## Question 5: Follow-Up Plan

"What's the protocol for follow-up during the first two weeks? At what point should I be concerned if I'm still requiring regular opioid doses?"

Ideal structure: Phone check-in at day 3-5, First office visit at 10-14 days, Clear instruction on when to call about pain management

## Question 6: Realistic Expectations

"Help me understand what 'good pain control' looks like. What pain level should I expect at rest versus with movement?"

Remember: Good pain control does not mean zero pain. The goal is pain levels that allow you to sleep, participate in physical therapy, and function.

## Sample Opening Statement for Your Pre-Op Visit

"I want to start by saying I trust your expertise and I'm not trying to dictate my care. I've been reading current research on post-surgical pain management and I'd like to discuss a multimodal approach that minimizes opioid exposure while managing pain effectively. I understand this is important for both pain control and reducing risk of prolonged opioid use. Can we talk through the protocol you recommend?"

Why this works: You've demonstrated that you're informed, acknowledged that pain management is important, and framed this as collaboration rather than confrontation.

## What 'Multimodal' Actually Means

Multimodal pain management combines multiple medication classes that work through different mechanisms. Research shows this provides superior pain control with 30-50% fewer opioids than traditional approaches.

### The Foundation (Taken on Schedule, Not 'As Needed'):

#### **NSAIDs** (Ibuprofen, Ketorolac, Celebrex)

How it works: Reduces inflammation at surgical site

Typical dosing: Every 6-8 hours with food

#### **Acetaminophen** (Tylenol)

How it works: Different pain pathway than NSAIDs

Typical dosing: 1000mg every 6-8 hours (max 4000mg/day)

#### **Gabapentinoids** (Gabapentin, Pregabalin)

How it works: Manages nerve-related pain

Typical dosing: 1-3 times daily (may cause drowsiness)

#### **Local Anesthetics**

How it works: Blocks pain signals at nerve level

Typical dosing: Nerve block or injection during surgery

#### **Opioids** (Oxycodone, Hydrocodone)

How it works: Breakthrough pain only, not the foundation

Typical dosing: As needed when pain exceeds 6/10 despite other medications

**Key Principle: Take your scheduled non-opioid medications religiously, even if you feel okay.**

**Prevention is better than treatment. Use opioids to fill the gap, not carry the entire load.**

*Reference: Memtsoudis et al., Anesthesiology 2018*

## Pain & Medication Tracking Template

Track your pain and medication use daily. This helps you notice patterns and provides data for follow-up conversations.

Date/Time	Pain Level (0-10)	Medication Taken	Activity/Notes

### Daily Summary:

Total opioid pills today: \_\_\_\_\_

Scheduled non-opioids taken on time: Yes / No

Able to participate in PT/activities: Yes / No

## General Tapering Timeline

Your specific plan must come from your surgeon. This shows what research indicates is typical for most procedures with good multimodal protocols.

Days	Pain Level	Opioid Goal	Action
Days 1-3	Usually highest	Use for breakthrough pain when exceeds Take scheduled non-opioids religiously	
Days 4-5	Should be improving	Stretch time between doses	Try skipping nighttime dose if sleeping well
Days 6-7	Moderate, mostly with activity	Reserve for most painful activities (PT, morning stiffness)	Try non-opioid interventions first
Days 8-10	Manageable with non-opioids	Zero	If still needing opioids regularly, call surgeon

Reference: Stepan et al., J Arthroplasty 2019

## Red Flags: When to Contact Your Surgeon

### Call immediately for:

- Severe pain uncontrolled by prescribed medications (8+/10)
- Signs of infection: Fever >101°F, increasing redness, purulent drainage
- Signs of blood clot: Sudden leg swelling, warmth, calf pain
- Chest pain or sudden shortness of breath
- Inability to move extremity, significant new weakness

### Call during business hours for:

- Pain that seems out of proportion to expectations
- Still requiring opioids more than 3 times daily after day 7
- Inability to participate in physical therapy due to pain
- Concerning side effects from medications
- Questions about tapering schedule

## Warning Signs: When Tapering Becomes Problematic

Contact your surgeon if you notice:

### Physical dependence developing:

- Withdrawal symptoms when you miss a dose (sweating, nausea, anxiety, flu-like symptoms)
- Need increasing doses to achieve same pain relief

### Psychological dependence patterns:

- Anxiety or panic at the idea of running out
- Taking opioids to manage stress or mood rather than pain
- Taking more than prescribed or doses closer together than directed

### Failure to taper despite adequate pain control:

- Pain levels manageable (3-4/10) but still taking opioids regularly
- Cannot explain why you took a dose ("habit" or "just in case")
- Still requiring regular doses beyond day 14

**Important: Physical dependence after short-term use is your body's normal response to opioids. It does not mean you are addicted, but it does mean you need medical supervision to taper safely. Do not be embarrassed. Call your surgeon.**

## **Non-Medication Strategies That Research Shows Work**

### **Ice Therapy**

Protocol: 20 minutes on, 40 minutes off

Why it works: Reduces inflammation, numbs pain receptors

Safety: Always use barrier between ice and skin

### **Elevation**

Protocol: Keep surgical site elevated above heart level when resting

Why it works: Reduces swelling, improves circulation

### **Early Mobilization**

Protocol: Begin gentle movement as directed by physical therapy

Why it works: Prevents stiffness, improves circulation, speeds healing

Note: Movement may cause short-term discomfort but improves long-term outcomes

*Reference: Kehlet & Wilmore, Br J Surg 2008*



## Safe Disposal of Leftover Opioids

### Best option: Drug Take-Back Programs

Find locations at: [www.dea.gov/everyday-takeback-day](http://www.dea.gov/everyday-takeback-day)

Many pharmacies and police stations have secure drop boxes

### If no take-back available:

1. Remove pills from original container
2. Mix with undesirable substance (coffee grounds, kitty litter)
3. Place in sealed bag
4. Dispose in household trash
5. Remove personal information from bottle before recycling

### Do not:

- Flush (contaminates water supply)
- Keep 'just in case' (risk of diversion)
- Share with others (illegal and dangerous)
- Leave unsecured in your home

## Day Before Surgery Checklist

- Confirm pain management protocol is documented in your chart
- Know which nerve block you're receiving
- Have multimodal medication schedule written down
- Know the size of initial opioid prescription and refill policy
- Have follow-up contact numbers programmed in phone
- Understand your tapering timeline
- Know the pain levels that should prompt you to call

## The Simple Truth

You wouldn't go into surgery without understanding the procedure.  
You wouldn't sign a consent form without reading it.

You wouldn't skip pre-operative instructions.

### **Pain management deserves the same level of preparation and advocacy.**

Research shows that patients who participate in pain management decisions before surgery have better outcomes, use fewer opioids, and report higher satisfaction.

This is not about being difficult. This is about being informed.

#### **Want More Detailed Guidance?**

This quick-start guide covers the essentials for any surgery. For comprehensive, surgery-specific tools including:

- Detailed conversation scripts
- Daily tracking tools with automatic summaries
- Surgery-specific pain trajectories
- Complete tapering frameworks
- Research citations for every recommendation

Visit: **[painplan.patientlead.health](https://painplan.patientlead.health)**

## **About This Guide**

This quick-start guide compiles findings from peer-reviewed research on post-surgical pain management and opioid prescribing. It is designed to help you prepare informed questions for your healthcare team.

Created by PatientLead Health LLC | [painplan.patientlead.health](https://painplan.patientlead.health)

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