Providence Health Care
How you want to be treated.

A Patient's Guide to **Understanding and Managing Acute Pain**

Contents

What is pain?

The International Association for the Study of Pain defines pain as: ***"An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage".***

In simpler terms, pain is an uncomfortable feeling that can happen anywhere in your body. It might feel sharp, dull, burning, or achy. Sometimes pain comes and goes, and other times it stays all the time. You might feel pain in one spot, like your knee, or all over your body, like when you have the flu.

Pain is your body's way of sending a message. Sometimes, pain means something is wrong and needs care, like when you hurt your knee. But other times, pain doesn't mean something bad is happening. For example, your muscles might feel sore after exercise, but that will get better with rest.

So, pain can be a warning, but it doesn't always mean there is a serious problem.

Pain is personal, your are the only one who knows what you are feeling. Everyone experiences pain in their own way.

Acute pain (short-term)

Acute pain usually starts suddenly and doesn't last long. It acts like a warning sign, telling you to pay attention or get help. This kind of pain can happen after an injury, a broken bone, or surgery. It often gets better as your body heals, usually within a few days, weeks or months, depending on the cause of your pain.

Chronic pain (ongoing)

Sometimes, people have pain for a long time, even when their body is not hurt anymore. This is called chronic pain, which is pain that lasts for more than 3 months. It happens because the nerves or brain keep sending pain signals by mistake, like a fire alarm that won't stop ringing even when there's no fire.

Chronic pain can be hard to understand, but it doesn't always mean something is wrong inside your body. It's important to get help so you can feel better.

Nerve (Neuropathic) pain

Neuropathic pain happens when the nerves that send messages in your body get hurt or don't work right. Instead of sending the right messages, these nerves send pain signals even when there is no real injury.

This kind of pain can feel like burning, tingling, or a sharp, electric shock. Sometimes it feels numb or like pins and needles.

Managing pain

Managing pain helps your body heal and makes it easier to move, rest, sleep, eat, relax or focus. Managing pain doesn't always mean using more medicine. There are many safe ways to manage pain, like using ice or heat, gentle movement, deep breathing or medicine if needed. What works best is often a mix of different strategies.

Functional Goals: Helping You Recover

After surgery or an injury, it is normal to have some pain – but you don't have to manage it alone. Our goal is to help you manage your pain well enough so that you can do the things that help you heal.

This includes:

- Brushing your teeth
- Walking to the bathroom
- Breathing comfortably
- Sitting up or moving safely

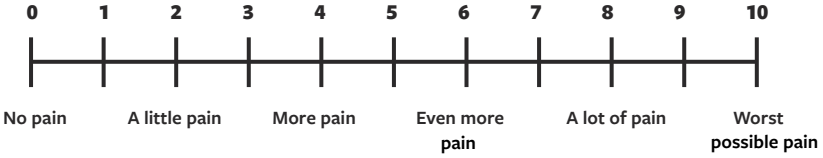
These are functional goals. They're small steps that support your recovery.

You don't need to wait until your pain is very bad to ask for help. If your pain is stopping you from doing these important things, tell your nurse or healthcare team. We'll work together to find the best way to support you.

Pain Scale

To help your care team understand your pain, a pain scale can be used.

Numeric Pain Scale



0 means no pain

10 means the worst pain you can imagine

We May Ask You:

- Do you have pain?
- Is your pain manageable or unmanageable?

If your pain is unmangeable, are you:

- Unable to get out of bed?
- Having difficulty breathing?
- Too uncomfortable to speak or focus?

These questions help us understand how your pain affects your function so we can adjust your care.

Managing pain with medicine

There are many ways to help manage pain, and medicine is just one part. The goal is not to take away all pain, but to reduce it enough so that you can move, rest and heal.

Pain medicine is also called an analgesic. If you can eat or drink, most pain medicines are taken by mouth as a pill or liquid. If not, that may be given as an injection under the skin (subcutaneous) or into a vein (IV).

Types of Pain Medicine

We use different types of medicine depending on your need. The first step in pain management are simple analgesics like acetaminophen (Tylenol) and NSAIDs (like Advil):

1. Acetaminophen (e.g. Tylenol)

- Helps reduce pain and fever. Often given on a schedule.
- Acetaminophen has a daily maximum limit of 4 grams (same as 8 "extra strength" (500 mg) acetaminophen per day). For chronic use, it is recommended to only take 3250 mg/day (same as 2 regular strength (325 mg) 5 times a day). This is to make sure it does not cause damage to the liver.
- If you drink alcohol on a regular basis (3 or more drinks per day), speak with your healthcare provider before starting this medication.
- **DO NOT** exceed the recommended maximum daily dose of acetaminophen, especially when using combination pain medications that contain acetaminophen (e .g . Percocet®, Tramacet®, Robaxacet®, Tylenol 1, 2 or 3®, EmTec).

2. Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

- Includes ibuprofen (Advil, Motrin) naproxen (Aleve) and celecoxib (Celebrex). These NSAIDS reduce swelling and pain.
- Patients with kidney dysfunction should not use these medications.
- Patients with heartburn should use these with caution as they can increase the risk of an ulcer.
- Patients on blood thinners should not use these medications

3. Other Medicines

Some medications can help when you have neuropathic pain. Common types are gabapentin/pregabalin and tricyclic anti-depressants (TCAs) such as amitriptyline and nortriptyline. These medicines work by calming down the nerves that are sending too many pain signals. They don't stop pain right away, but after some time, they can help decrease your pain. They don't work for every patient, and can have side effects like sleepiness, nausea, dry mouth, and dizziness.

4. Muscle Relaxants

Muscle relaxants are medicines that help your muscles feel less tight and sore. Sometimes muscles get stiff or have spasms (which means they suddenly tighten or twitch). Medicines like baclofen and cyclobenzaprine help relax those muscles so you feel better. They are best used for only a short time.

5. Cannabinoids

Cannabinoids are products made from cannabis (marijuana) or medicines like nabilone, which is a pill that works like part of cannabis. These products may cause side effects, including dry mouth, anxiety, or feeling sleepy or sedated.

6. Opioids

See next pages of this handout for more information about opioids.

Other ways to manage pain

Medicine is not the only way to help with pain. Using more than one method often works best.

Heat

Heat can help relax your muscles and ease pain.

- Use a heating pad or warm cloth.
- Keep it on the sore area for 20 to 30 minutes every 2 to 4 hours.
- Stop if the heat makes your pain worse.

Cold

Cold can help with swelling and pain.

- Use an ice pack or crushed ice in a plastic bag wrapped in a towel.
- Put it on the area for 15 to 20 minures every 2 to 4 hours.
- Stop if the cold makes your pain worse.

Heat and Cold Together

Some people find switching between heat and cold helps. Try both, but stop if your pain gets worse.

Deep Breathing

Deep breathing can help you relax.

- Sit in a quiet place.
- Breathe in slowly for 3 seconds.
- Hold your breath for 2 seconds
- Breathe out slowly for 3 seconds.

Massage

Gently rubbing sore muscles can help relax them and ease pain. Massage can also help you feel calmer.

Distraction

Doing things you enjoy can help your pain. Try reading, watching TV, listening to music, or playing games.

Activity & Exercise

Moving your body gently can help:

- Make your muscles stronger.
- Improves your overall function.
- Make pain easier to manage.

Ask your healthcare team which activities are safe for you to do after your surgery.

Top 10 Safety Tips for Taking Opioid Pain Medication

1. **Take your medication exactly as prescribed.**
   Don't change the dose or timing without speaking to your doctor or nurse.

2. **Store your medication safely.**
   Keep opioids in a secure, locked place, out of reach of children, pets and others.

3. **Never share your medication.**
   Giving or selling opioids to someone else is unsafe and illegal.

4. **Do not drive or operate machinery.**
   Until you've talked with your healthcare provider and when it's safe to do so.

5. **Avoid alcohol, recreational drugs.**
   Mixing these with opioids can be dangerous and increase your risk of overdose.

6. **Know the signs of taking too much.**
   If you feel sleepy, dizzy, confused or have slow breathing, stop taking the medication and tell your healthcare provider right away.

7. **Dispose of unused opioids properly.**
   Don't save them 'just in case'. Return leftover pills to a pharmacy for safe disposal.

8. **Talk to your care team about other medications.**
   Some medicines for sleep, anxiety, or depression may interact with opioids and increase side effects.

9. **Use the lowest dose for the shortest time.**
   Opioids are most helpful for short-term pain after things like surgery or injury. As you heal, you will need less.

10. **Talk to your care team about how you're doing.**

    If the medication isn't helping or you feel side effects, talk to your nurse or doctor. Pain relief should help you function – not stop you from being yourself.

Opioids (also known as narcotics)

These medications are commonly used after surgery or painful procedures and can be effective for some kinds of moderate to severe pain.

Examples of Opioids

Generic Name	Brand Name
Codeine	Tylenol #1,2,3®
Fentanyl	Duragesic®
Hydromorphone	Dilaudid®, Hydromorph Contin®
Morphine	Statex®, MS Contin®, M-Eslon®
Oxycodone	Percocet®, OxyContin®, OxyNEO®
Tramadol	Tramacet®, Ultram®, Zytram XL®

Is it safe to take opioids for pain?

Opioids can be a safe and helpful way to manage pain. But they need to be used carefully. It is important to use the lowest possible dose for the shortest possible time.

Many people have used opioids without any problems. However serious problems, such as overdose or addiction do happen. You need to be aware of signs that you are getting too much opioid.

Some people are more sensitive to opioids and may need a lower dose or closer monitoring.

It is important to tell your healthcare provider of any health conditions that could increase your risk.

The goal is a safe balance between pain control and side effects. This requires regular assessment of opioid effect and need.

You may be at **HIGHER RISK** of dangerous side effects if:

- you are older (over 55 years old).
- you have obstructive sleep apnea, lung disease or kidney or liver problems.
- you are already taking other opioids.
- you are taking medication for anxiety or to help you sleep, especially benzodiazepines like lorazepam (Ativan®).
- you have never taken an opioid before.
- you have a personal or family history of substance use issues, including alcohol or other drugs.

What are common side effects of opioids?

Constipation:

When your bowel movements are hard, small, and difficult to pass. To help prevent constipation:

- Drink 8 glasses of water each day.
- Eat high-fibre foods like whole grains, fruits and vegetables. Try to walk or move your body for 30 minutes every day.
- Go to the bathroom when you feel the need – don't wait. Use over the counter laxatives like senna or restoralax. Talk to your pharmacist about which laxative options are right for you.

Nausea (feeling sick to your stomach):

You might feel like throwing up, especially in the first few days. To help with nausea:

- Sip small amounts of water or ginger ale.
- Take your medicinewith a full cup of water.
- Eat dry crackers.
- Talk to a healthcare provider about taking an anti-emetic such as Dimenhydrinate (Gravol®) .
- Call your healthcare provider if you keep you have continued nausea or are throwing up for more than a day.

Itchiness:

Opioids can make your skin feel itchy. Tell your doctor or nurse – they may suggest a medicine like an antihistamine or a change in opioid medication to help.

What if I take too many opioids?

Here are some signs that you may have taken too many opioids:

- Trouble staying awake
- Slurred speech
- Dizziness or feeling unsteady
- Hallucinations (seeing or hearing things that aren't there)
- Loud snoring
- Slow or shallow breathing

If you experience these side effects **DO NOT** take any more of your opioid medication and contact your health care team.

Never leave a person alone if you are worried about them. Always get help!

Call 9-1-1 right away if the person:

- **is not waking up**
- **is not responding when you speak to them or touch them**

When should you stop using opioids?

For most people, as your pain decreases, the amount of opioid you take will decrease. This will occur naturally. However, if you have been taking opioids regularly for a week or more, you may need to gradually decrease the dose of opioids to prevent withdrawal symptoms.

Signs and symptoms of withdrawal

- Feeling jittery
- Nausea and/or vomiting
- Sweating
- Feeling irritable or agitated
- Flu-like symptoms

Withdrawal is not dangerous, but can be uncomfortable. If you start to feel withdrawal symptoms, you will need to slowly decrease your opioid dose and speak to your healthcare provider.

Continuing to take opioids for long periods of time may affect your overall recovery and health. Long term use of opioids may lead to addiction, and can put you at risk for things like sexual dysfunction, depression and dementia. Speak with your healthcare provider if you experience difficulty reducing your opioid dosage.

How to gradually decrease opioids

Step 1: Start to lower the dose (number of pills)

If you were taking 2 pills each time you need pain medication:

1. Start taking 1 pill at a time to see if it controls the pain.

2. If this works for your pain, continue with 1 pill each time. Do this for 1-2 days.

3. Proceed to step 2.

If already only taking 1 pill, proceed to step 2.

Step 2: Start to increase the time between doses

If you are taking a dose every 4 hours:

1. Extend that time - ie . take a dose every 6 hours.

2. Then take a dose every 8 hours for 1-2 days.

3. Consider stopping.

Other Resources

Want to know more about pain?

You can also check these resources:

HealthLink BC
healthlinkbc.ca (search 'pain' to get started)

Pain BC Society
painbc.ca

Power over Pain
portal.poweroverpain.ca

Power over Pain Surgical resources
tinyurl.com/ebutpdva

Institute for Safe Medication Practices Canada (ISMP)
ismp-canada.org/opioid_stewardship

What if you have questions after leaving the hospital?

You can ask:

- Your healthcare providers
- Your pharmacist
- HealthLink BC, Telephone 811 (or 711 for TTY)

My Pain Medication Diary

Always take your pain medicine as directed. Use this log to keep track of when you take your prescription and non-prescription pain medicine. (i.e. – hydromorphone (Dilaudid®), acetaminophen Tylenol®), ibuprofen (Advil®), etc).

Day 1

Pain Medication & Dose	Time Taken	Dose Taken

Pain Medication & Dose	Time Taken	Dose Taken

Pain Medication & Dose	Time Taken	Dose Taken

Day 2

Pain Medication & Dose	Time Taken	Dose Taken

Please feel free to remove this sheet from the booklet to make it easier to use.

Day 2
(cont'd)

Pain Medication & Dose	Time Taken	Dose Taken

Pain Medication & Dose	Time Taken	Dose Taken

Day 3

Pain Medication & Dose	Time Taken	Dose Taken

Pain Medication & Dose	Time Taken	Dose Taken

Pain Medication & Dose	Time Taken	Dose Taken