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Pain relief after your operation

> **The short version.** Pain relief is planned before you go to sleep, not after you wake up in pain. Tell us what has worked and what has not for you before, and tell the nurses early if the pain is building — waiting until it is severe makes it harder to control.

Good pain relief is not a luxury. It lets you breathe deeply, cough, move and sleep, which is what prevents chest infections, clots and a longer stay. It is also your right to have your pain treated, and to be believed when you say it hurts.

How we usually do it

Most plans combine several things at once, so that each medicine works in a different way and none has to be given in a large dose on its own:

- **Local anaesthetic** — injected by the surgeon into the wound, or a nerve block that numbs the area for hours.
- **Paracetamol and an anti-inflammatory** (where your kidneys, stomach and asthma allow) as a background, taken regularly rather than only when the pain is bad.
- **An opioid** (such as oxycodone or fentanyl) for breakthrough pain, or a patient-controlled pump (PCA) where you press a button for a small dose.
- **An epidural or spinal** for major abdominal, chest or orthopaedic surgery, giving very good pain relief without as much drowsiness.

> **Tell me before the operation if you:** have kidney disease, stomach ulcers or reflux surgery, asthma that is set off by anti-inflammatories, sleep apnoea, take opioids already, have chronic pain, have had a bad reaction to an opioid (severe nausea, itching, hallucinations), have ever had a problem with alcohol or drugs, or are worried about becoming addicted. None of this is a reason to withhold pain relief — it changes which plan I choose.

About opioids

- They cause constipation — start a laxative as directed, and drink what you can.
- They cause drowsiness, nausea and itching; these usually settle within a day or two.
- Take them only as directed, and stop them as soon as paracetamol and the anti-inflammatory are enough.
- Do not drive, drink alcohol, or operate machinery while you are taking them.
- Keep them locked away from children, and return leftovers to a pharmacy rather than keeping them "just in case".

- **Concern about addiction is understandable but usually misplaced:** taking opioids for a few days for acute pain after surgery rarely leads to dependence. Untreated pain delays your recovery far more often.

If the pain is not controlled

1. Tell the nurse looking after you — describe where it hurts, what it feels like, and what makes it worse.
2. If the plan is not working, ask for me or the acute pain service to be contacted. There is almost always another option: a different medicine, a nerve block, or an adjustment to the PCA.
3. If you go home and the pain is worse than the medicines can manage, or you cannot take the medicines you were given, contact my rooms or the hospital rather than waiting for your follow-up.

If you take pain medicines at home already

Tell me the names and doses, including any long-acting opioid patch or tablets. You will usually continue them with adjustments rather than stopping, because unmanaged withdrawal is itself a risk. Bring your medicines, or a list, to hospital.

On your phone: anaesthesia.herman.au/p/6
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Framework and standards from ANZCA **PS41(G) Position statement on acute pain management (2023)** and **PS45 Position statement on rights to pain management (2025)**, with discharge prescribing advice from **PG15(POM) (2018)**.
This pamphlet is general information and does not replace individual advice. If my rooms, your surgeon or your hospital have given you different instructions, **those instructions take priority** over anything written here.

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