

Side Effects

All medications can cause side effects. Narcotic painkilling medications are renowned for causing nausea and constipation. The combination of reduced activity and oral painkilling medication are akin to swallowing cement as far as regular bowel motions go and a laxative in some form should be used from the commencement of the pain relief protocol. Constipation is an absolute certainty and should be dealt with pre-emptively rather than waiting for the problem to develop and then trying to deal with it.

Nausea is a common side effect with narcotic medications and 30% of people experience a real problem in this regard. The sensitivity to this side effect increases with age. As such the pain relief protocols are geared in such a way that your narcotic requirements are minimised as much as possible, therefore reducing the likelihood of side effects as much as possible. Despite this you may experience some nausea. If this occurs you simply must reduce the amount of narcotic painkiller that you are taking, not stop it all together. Most of the oral narcotic painkilling medications metabolise to other substances in your liver, that will be present in your system for 3-4 days so it can take a while for nausea to settle once it has developed.

Remember!

1. Postoperatively pain is much more effectively dealt with pre-emptively rather than reactively. In other words stay in front of your pain rather than continually attempting to beat pain that has been allowed to get out of control into submission. Pre-emptive use of your painkillers will invariably reduce the amount required, the likelihood of side effects and the quality of your pain relief.
2. Nausea is a very common side effect of narcotic medications. If you develop problems with nausea it is important to cease taking any narcotic which have been described as to continue to take the medication will predictably result in worsening of nausea.
3. If unsure how to use your medications after reading this pamphlet contact Dr. Kaushik Hazratwala's rooms.



Specialist Centre for Orthopaedic Surgery

Your Guide to Pain Relief

Dr. Kaushik Hazratwala

Suite 101, Level 2

21-37 Fulham Road,

Pimlico, QLD, 4812

Phone: (07) 4727 4111

Pain Relief

Adequate pain relief following surgery is very important to allow you to sleep, exercise appropriately and generally recover from your operation as comfortably as possible. It is often not possible to be completely pain free when exercising shortly after surgery and the aim of your pain relief protocol is to allow you to sleep and rest comfortably and exercise with a tolerable amount of pain. Pain relief is much more effective when used in a pre-emptive manner, that is, used to keep pain away rather than to beat bad pain into submission. This is particularly the case with oral medications that take time to act after being ingested. Many of the drugs used to control pain following surgery cause side effects and it is important to recognise these and deal with them quickly. Please read the following information carefully as it is obviously in your best interest to do so. This information is a generic guide only as you may have been given a protocol that differs somewhat to the protocol described in this leaflet. If at any stage you have any queries regarding appropriate use of your pain medications please contact my rooms.

As a rule anything that distracts your attention from a source of pain will help in managing it. As such any sort of sensory distraction is useful in managing pain. This can be as simple as having your mind actively engaged in another task. Alternatively cold packs, music, television or anything at all that takes your mind off whatever is bothering you is a useful adjunct. For obvious reasons this is much more challenging at night and almost without fail night pain will persist as a problem following surgery longer than it will during the day. For the vast majority of patients undergoing orthopaedic surgery it will be necessary to continue narcotic medications at night longer than during the day.

It is important to understand that pain and its relief are very individual matters. There is absolutely no point comparing your experience to someone else's. There are no set timeframes for the use of painkillers and the length of use needs to be tailored to your own response and recovery rates. Once again if you any queries arise regarding your painkillers please contact my rooms. (0747 27 4111)

Medications

1. Paracetamol (Panadol, Panamax)

Of all the painkiller medications Panadol is the least likely to cause side effects and is therefore the first that should be used and the last to be discontinued. Unless instructed otherwise, standard dose is 2 tablets 4 times a day. Panadol by itself is not a strong painkiller particularly for surgical grade pain but does significantly reduce the amount of narcotic required and therefore the likelihood of side effects.

2. Oxycontin (Oxycodone slow release)

Oxycodone is a strong oral narcotic. It should be kept out of the reach of children and as it is a very strong narcotic and is easily strong enough to stop a small child breathing. The medication should be disposed of by handing it into a pharmacist if any are left following your episode of care. Oxycontin is used twice a day and is taken on regular basis to provide a steady background release of painkiller. It is not effective to gain rapid control of worsening pain. As mentioned in the introduction you are more likely to be bothered by pain for longer at night than during the day and at some stage the daytime dose of Oxycontin can be discontinued.

3. Endone/Oxynorm (oxycodone rapid release)

These medications are similarly very strong narcotics and likewise should be kept out of reach of children and disposed of appropriately at the end of your episode of care. These medications in most instances will be supplemental to the Oxycontin, which is just mentioned above. In that case they should not be used regularly but intermittently to control any pain that breaks through despite having already used Paracetamol and Oxycontin. Not all patients are prescribed Oxycontin as it is simply unnecessary for some of the less painful procedures in which case Paracetamol should be used regularly and Endone or Oxynorm as required.

4. Anti-inflammatory (Meloxicam, Celecoxib, Ibuprofen)

You may or may not be prescribed anti-inflammatories. If you have not been instructed to take anti-inflammatories it would be wise to check prior to taking. They can affect the tendency to bleed as well as affect the biological processes that are important for healing after surgery. Prescribed anti-inflammatory medications must be taken on a full stomach and you must ensure adequate amounts of fluid are taken in to ensure a good urine output. Any heartburn or indigestion type symptoms are likely to be due to the anti-inflammatories in which case they should be discontinued.