



Why it is so important to reduce the amount of opioid pain medicine you need after surgery

Treating pain with opioids, or narcotics, alone can make your recovery more difficult.

Opioids can:

- Make you feel sleepy and confused.
- Lower your blood pressure.
- Slow your breathing.
- Cause nausea, constipation and trouble emptying your bladder.

You may need to stay in the hospital longer and these problems can slow down your recovery.

Our goal is to help you recover with:

- ✓ Less pain.
- ✓ Faster recovery time.
- ✓ Fewer side effects.
- ✓ Return to work and favorite activities sooner and stronger.

Remember these tips to manage pain at home after surgery:

- ✓ You will receive instructions to take **non-opioid medicine on a regular basis for several weeks. Please take these medicine, as directed, whether you have pain or not.** Taking these medicines regularly can help stop your pain from getting worse.
- ✓ If your doctor prescribes gabapentin, take it in the evening. This medicine helps reduce pain and reduce the amount of opioids you will need to take. It may also decrease your chances of developing long-term pain that may last for months or years. Gabapentin may cause sleepiness, slurred speech and blurred vision. If any of these side effects bother you, you may stop taking this medicine.
- ✓ Use the stronger opioid medicine as you need it for pain that does not get better with other treatments.



christianacare.org/managepain

Managing your pain

Hip and Knee Replacements



Your comfort is important to us. Christiana Care's comprehensive pain management program is designed to help you manage your pain with less need for opioids or narcotics.

It is important for you to understand and follow the program we have designed to manage your pain after surgery. Ask your surgeon:

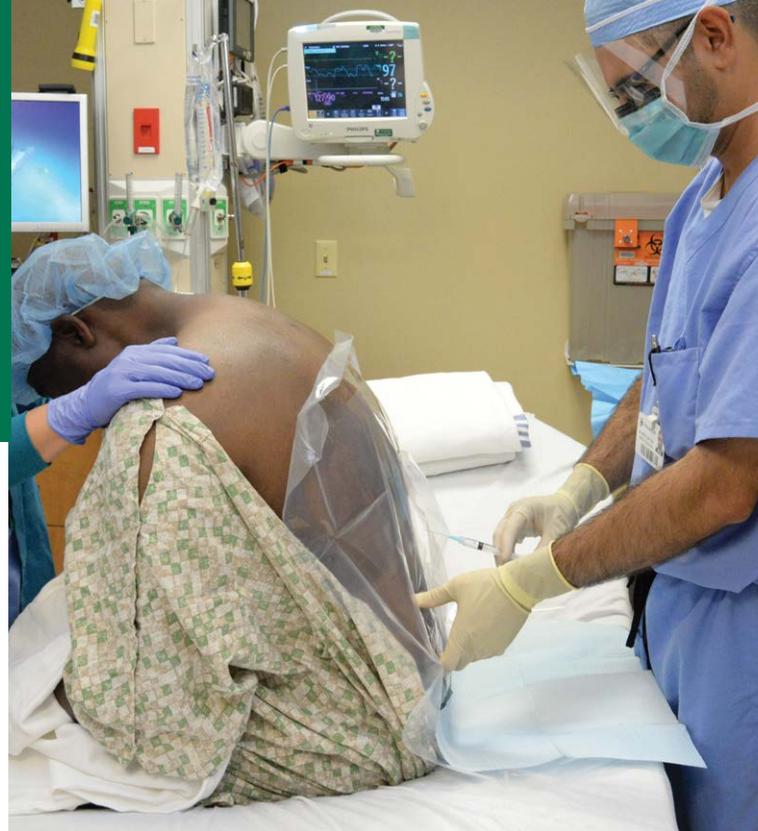
- ✓ How much pain should I expect?
- ✓ What type of pain will I have?
- ✓ How long will the pain last?

The best way to manage your pain after surgery is to start managing it *before* surgery.

Before we take you to the operating room, we will give you a combination of non-opioid pain medicines, such as acetaminophen, celecoxib, gabapentin, ibuprofen and/or ketorolac to take with a sip of water. Taking these medicines before surgery helps:

- ▶ Reduce swelling that can lead to pain after surgery.
- ▶ Lower the amount of opioid medicines that you need to manage your pain as you get better.
- ▶ Lower your chance of ongoing pain that can last months, or even years, after surgery.

Your care team will partner with you to decide what medicines are best.



How will my pain be controlled during surgery?

For hip and knee surgery, most patients receive spinal anesthesia. This lowers your chance of getting pneumonia and blood clots in your legs and lungs. You will also be given medicine so you stay asleep during surgery.

- ▶ You will be given medicine to help you relax before the spinal anesthesia is given.
- ▶ You will sit up in bed with your shoulders and upper back slouched while the spinal anesthesia is placed. You will feel a small pinch and burning feeling from the numbing medicine that is put in the skin of your back. The spinal anesthesia is put in through this numbed area.
- ▶ Once the spinal is in, your team will help you lie down. You will start to feel your legs getting warm and heavy, which is normal.

Spinals are safe, but very rare problems include backache, headache, nerve damage, infection and bleeding. The spinal should not make you feel sleepy or sick to your stomach. Tell your doctor if you take blood thinners or have had back surgery. This may change the plan for anesthesia during your surgery.

Some patients will receive general anesthesia instead of a spinal. The anesthesia team will talk to you about which plan is best for you.

How will my pain be managed right after surgery?

You will wake up slowly from anesthesia after your surgery. Most people are groggy for 30 minutes to one hour. As you wake up, you may feel some pain. Be assured that your pain management is a top priority for your Christiana Care team. The nurses will ask you many times about your pain level and will give you pain medicine, as you need it through your intravenous line.

- ▶ A scale of 0 to 10 is used to measure pain. A score of 0 means that you do not feel any pain. A score of 10 is the worst pain you have ever felt.

Do not wait for your pain to reach a 10 before telling your doctor or nurse.

You will be given a combination of non-opioid pain medicines, which may include acetaminophen, celecoxib, gabapentin, ibuprofen and/or ketorolac. These medicines help lessen your pain and lower the amount of opioid medicine you need. Your nurse will also give you opioid medicine if you need it for pain that is not getting better with other treatments. Some of the pain medicine will be given through your intravenous line and you will take others by mouth.