

Pain and Ways to Manage It



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What is pain?

Pain is an unpleasant feeling or sensation. Pain can come from any part of your body. It can be sharp or dull. Pain can come and go or be constant. You may feel pain in one part of your body or you may feel pain all over, such as when you have the flu.

Acute pain (short-term)

Pain can be helpful. It acts as an alarm system, telling us something is wrong. Most minor pain goes away on its own or with simple treatment. Other times it may be a signal of something more serious. The pain is helpful because it alerts you to get treatment. Once healing occurs the pain usually goes away within a few days, weeks or even a couple of months, depending on the cause of your pain.

Chronic pain (ongoing)

Pain sometimes does not go away and can go on for months or even years. This is called chronic pain. Sometimes the cause of ongoing pain is known, and sometimes the cause is not known.

Neuropathic pain

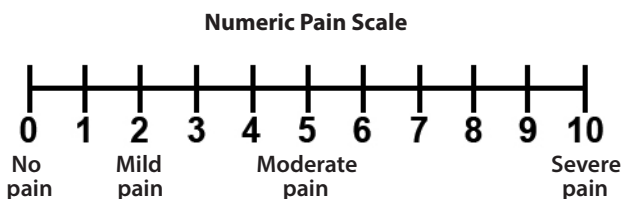
Neuropathic pain occurs when nerve fibers have been damaged or injured. Neuropathic pain does not start abruptly or resolve quickly; it can be chronic. For many patients, the intensity of their symptoms can wax and wane throughout the day and the pain is often described as sharp, shooting, or burning.

Why is it important to manage your pain?

Uncontrolled pain can delay healing, increase your stress, disrupt your sleep, cause you anxiety, decrease your appetite and slow your recovery. Pain can limit your activity and enjoyment of life.

What you feel is real

You are the only one who knows what you are feeling and everyone feels pain differently. A pain scale will help you describe and monitor your pain. A zero (0) on the scale means no pain and ten (10) means the worst pain imaginable. Please look at the two pain scales below.



These tools have been translated into 22 languages. Please ask your health care provider for one in your language.

Comfort goal

Once you have looked at the pain scales, decide what a comfortable pain level is for you.

While some pain might be expected, most people with acute pain find that a pain level at 3 or below allows them to take deep breaths and move about freely. If you have chronic pain, this number will be what you rate your pain on your best day. This number is your comfort goal.

Check in with yourself frequently. In hospital, if you find yourself uncomfortable, call your nurse or member of the health care team and tell them about your pain. It can be harmful to your recovery to wait until you are asked or until your pain is out of control.



Managing pain with medicine

Pain medicines are also called analgesics. They are used to control or relieve pain.

Generally, if you can drink fluids, you can take your pain medicine by mouth. This can be given either in pill form or liquid.

If you are unable to eat or drink, you may be given your pain medicine by injection. This can be given under the skin which is called subcutaneous injection or by the intravenous route into a vein.

The 3 main types of pain medicine are:

1. non-opioid medicines for pain relief such as ibuprofen (Advil®, Motrin®), aspirin (ASA), acetaminophen (Tylenol®), Naproxen (Aleve®)
2. other analgesics (examples include antidepressants and anticonvulsants for neuropathic pain)
3. opioids (also called 'narcotics') analgesics



1. Non-opioid pain relievers

These medicines are used for mild to moderate pain or in combination with opioids for more severe pain.

NSAIDs (non-steroidal anti-inflammatory drugs)

Relieves pain, reduces inflammation and fever. They can help reduce pain by reducing swelling at the area of injury or surgical site. Possible side effects are stomach upset, occasionally stomach bleeding can occur, or worsening of heart or kidney function.

Aspirin (ASA) is also in this category but is mostly used at low doses to help prevent strokes or heart attacks and rarely used for pain.

Acetaminophen (Tylenol®) Relieves pain and reduces fever and, when taken as directed, is a safe and effective medicine.

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®).

2. Other analgesics

There are medicines that are normally used for other medical conditions but also can relieve pain. Here are the most common ones:

Anticonvulsants (anti-seizure medicines - for example, gabapentin, pregabalin, carbamazepine).

These medications work by decreasing the transmission of pain signals from damaged nerves, which can result in pain.

Some side effects that are common to all anticonvulsants include dizziness, drowsiness, unsteadiness, nausea, and feeling “spaced out”. You should not drive when you first start taking them.

Antidepressants (e.g. amitriptyline, nortriptyline, venlafaxine, duloxetine).

Antidepressants increase the levels of certain brain chemicals that improve mood and regulate pain signals. Usually low doses of antidepressants relieve pain, although it is not known exactly how. Antidepressants are common in the treatment of many chronic pain conditions, even when depression isn't recognized as a factor. The doses effective for pain are generally lower than the doses used for depression.

Some side effects that are common are dry mouth, nausea, insomnia, drowsiness, and dizziness.

Safety Rules when taking opioids for pain:



1. **DO** take your opioid exactly how it is prescribed. If your pain increases, make another appointment with your doctor to reassess your medication.
2. **DO NOT** drive a motor vehicle or operate equipment/heavy machinery until a stable dosage is reached and it is certain the opioid does not cause you sedation or cloud your decisions.
3. **DO** keep your prescription safe.
4. **DO NOT** share or give your opioids to anyone else. Giving or selling these medications is illegal.
5. **DO** ensure your opioid medications are kept out of sight and locked up. You need to be sure no one else will be able to access your medication, especially children.
6. **DO NOT** drink alcohol or use drugs while taking opioids.
7. **DO** talk to your doctor, health care provider or pharmacist about how to manage your pain safely if you take medications for anxiety or sleep.
8. **DO NOT** save medications, thinking you may use them later. If you have unused opioids, dispose of them by returning them to a pharmacy.
9. **DO** take your long acting opioids whole, do not crush or chew.

My Pain Med

Name: _____

Always take your pain medicine as directed. Use this log to keep track of
(i.e. – hydromorphone (Dilaudid®), acetaminophen (Tylenol®), ibuprofen (

Pain Medication & Dose	Day 1			Time taken
	Time taken	Dose taken	Pain score (0-10)	

Daily Activity & Symptom Log			

Pain Medication Diary

Record when you take your prescription and non-prescription pain medicine (Advil®, etc) and your daily activity.

Day 2			Day 3		
Time taken	Dose taken	Pain score (0-10)	Time taken	Dose taken	Pain score (0-10)

Example of 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 increase the time between doses

If you are taking a dose every 4 hours:



1. Extend that time -
- take a dose every 6 hours
for 1-2 days



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



3. Consider stopping

3. Opioids (also known as narcotics)

These medications are commonly used after surgery or painful procedures and are very effective for moderate to severe pain.

Examples of Opioids	
GENERIC NAME	BRAND NAMES
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?

Treatment of your pain is important to your overall recovery and well being. You deserve to have your pain treated. Opioids can be a safe and appropriate treatment option for you to help manage your pain.

Many people have used opioids without any problems. However serious problems, such as overdose or addiction have happened.

It is important to use the lowest possible dose for the shortest possible time and to be aware of signs that you are getting too much opioid.

Some people are more sensitive to the side effects of opioids. People who are sensitive to opioids may need a lower starting dose or more careful monitoring.

Is it safe to take opioids for pain?, *continued*

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 65 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
- you have never taken an opioid before

Signs that you may be getting too much opioid

- inability to stay awake
- slurred speech
- severe dizziness or poor balance
- hallucinations
- loud snoring
- slow 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!

Some common side effects of opioids:

Constipation, when your bowel movements are small, hard and difficult or painful to pass



To help avoid constipation:

- drink 8 glasses of water a day
- do not eat foods with a lot of fat or sugar
- eat foods high in fibre such as bran or whole grains
- walk or exercise at least 30 minutes a day
- when you get the urge – *go!* Don't hold it until you get home.

Nausea (upset stomach, or you feel like throwing up)

Nausea caused by opioids usually resolves within a few days. Things you can do to help with nausea:

- sip small amounts of clear liquid such as water or ginger ale
- take your pills with a full cup of water
- nibble on dry crackers
- talk to a healthcare provider about taking an anti-emetic such as Dimenhydrinate (Gravol®)
- if nausea and vomiting persist, lasting for more than 24 hours, contact your healthcare provider



Itchiness, is also known as *pruritus*, and it can range from a minor annoyance or affect the whole body

- talk to your health care provider about taking a medicine to help with itchiness. The most common medication used is an antihistamine called Diphenhydramine (Benadryl®)



When should you come off opioids?

When you have been taking opioids for a while, your body gets used to having them. This is called **dependence**, and does *not* mean you are addicted.

For most people, as your pain decreases, the amount of opioid you take will decrease. This will occur naturally. But, 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.

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. Speak with your healthcare provider if you experience difficulty reducing your opioid dosage.

Other ways to manage pain

Medicines are not the only way to manage pain. Some options include: heat and cold, relaxation, massage and deep breathing. A combination of approaches usually works best.

HEAT - decreases pain and muscle spasms. Apply heat to the area for 20 to 30 minutes every 2 to 4 hours for as many days as directed.

COLD - helps decrease swelling and pain. Use an ice pack or put crushed ice in a plastic bag. Cover it with a towel and place it on the area for 15 to 20 minutes every 1 to 2 hours as directed.



HEAT & COLD - can also be used together by alternating between the two. If your pain becomes worse with either heat or cold, stop using it.

DISTRACTION - this is when you do activities that interest you and can distract you from your pain. Some things that might find helpful are reading books, watching TV, listening to music, playing cards. Try any activity that gives you enjoyment.

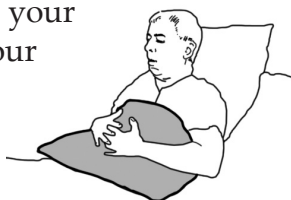
DEEP BREATHING - when you focus on deep breathing, you help relax both your mind and body. Find a quiet place and sit comfortably. Slowly and deeply breathe for 3 seconds, hold breath for 2 seconds, and then slowly breathe out for 3 seconds.

ACTIVITY & EXERCISE - light exercise helps strengthen your muscles, keeps your joints flexible, and improves your overall function and pain.

MASSAGE - helps relax tight muscles and reduce pain. Massage can also help to relax your whole body and take your mind off the pain.

Notes about wound care

If you have had recent surgery on your abdomen, hug a pillow or hold your hands over your surgery site to support these muscles when you deep breathe.



If you have a wound, keep the dressing clean and dry. Watch for signs of infection such as increased pain, large amounts of swelling, increased tenderness or warmth around the wound, redness around the wound. Do not scratch or put pressure on your wound. Ask your healthcare provider when you are allowed to have a bath or shower.

What if you have questions after leaving the hospital?

It's good to ask:

- your healthcare provider
- your pharmacist
- HealthLink BC, Telephone 811 (or 711 for TTY)

Resources:

Want to know more about pain?

You can also check these resources:

- HealthLink BC: www.healthlinkbc.ca
(search 'pain' to get started)
- Pain BC Society: www.painbc.ca
- Canadian Pain Society: www.canadianpainsociety.ca

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Catalogue #265798 (September 2017)

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