



Communicating with Patients: Postoperative Pain Relief

It's normal for patients to ask about pain relief after surgery and the use of opioids. Below is a script you can use to explain your treatment plan and provide answers to commonly asked questions.

General script

"Hello [Patient Name], we understand you might be concerned about pain relief following surgery. We're committed to safely managing pain and accelerating your recovery while minimizing opioid use. Research shows that using less opioid medication can lead to faster recovery, fewer side effects like nausea and constipation, and a reduced risk of long-term complications. We'll help manage the pain by using a multimodal approach, combining other pain relievers like [mention specific medications, e.g., ibuprofen, acetaminophen] and non-drug self-management strategies you can do, such as regular movement, breathing exercises, and ice/heat. And we'll carefully monitor your pain levels and adjust your pain management plan as necessary. We're confident this approach will help you recover comfortably and safely."

Answers to commonly asked questions

Q: *"Why am I not being prescribed opioids?"*

A: "We've learned that safer non-opioid options can work as well, if not better, at managing short-term pain and getting you back to life with fewer side effects while you recover. Overprescription of opioids can also have long-term negative risks, including increased sensitivity to pain, physical dependence, misuse and addiction, mood issues, organ damage, bowel obstruction and breathing problems during sleep."

Q: *"Why am I being prescribed opioids?"*

A: "Prescription opioids are often prescribed after surgery, alongside non-opioid alternatives, to provide short-term pain relief, allow you to be active, and promote healing. These alternatives may include acetaminophen, like Tylenol; non-steroidal anti-inflammatory drugs, like Advil and Aleve; nerve pain medications; antidepressants; and non-medication options like deep breathing and other relaxation techniques, gentle movement, heat/cold therapy, and thought management."

Q: *"Why am I being prescribed so few opioids?"*

A: "We generally prescribe opioids in the lowest dose possible for the shortest time needed and the smallest quantity you may need, often no more than a few days, if at all, after most surgeries. If you

have any opioids remaining after treatment, it's important to safely dispose of them at any drug take-back location like your local pharmacy."

Q: *"Can I become addicted to opioids?"*

A: "Yes. Any length of opioid use can lead to unintended long-term opioid use. To minimize the risk, we prescribe the lowest dose possible for the shortest time needed and the smallest quantity you may need. We also carefully screen for any risk factors like your social situation, your use of opioids before surgery, any pain you had before surgery, your other medical conditions, and your use of any other drugs, alcohol, or cigarettes."

Q: *"Is it safe for me to stop taking my prescribed opioids?"*

A: "Most people can safely stop taking a short-term opioid prescription after surgery without feeling any withdrawal symptoms. However, if you've been taking a high dosage or have used opioids in the past, you might encounter withdrawal symptoms if you reduce your usage too quickly. While these symptoms can be uncomfortable, they're usually not life-threatening. We can help you develop a taper plan."

Q: *"What are the benefits and risks of using opioids?"*

A: "Opioids are strong pain relievers that work well when carefully managed for short-term acute pain, like pain after surgery. Common short-term side effects of opioids include constipation, drowsiness, confusion, dizziness, slow breathing, and nausea. Other risks, most often tied to long-term opioid use, include increased sensitivity to pain, physical dependence, misuse and addiction, mood issues, organ damage, bowel obstruction, and breathing problems during sleep."