

Pain after an injury or surgery is common. There are many ways to manage and reduce this pain that may or may not include medication. Each patient, surgery, and surgeon are unique, and the approach to pain management is different for everyone.

Discuss your concerns and expectations about pain with your surgical team before surgery. They do not want to see you in pain! Asking questions and creating a plan can improve your experience. Your surgical team will have specific recommendations for you. Use this page as a general guide to discuss with your care team what methods will work for you.

Surgery Day

Before surgery, a nerve block can be given to numb the surgical area. A nerve block is an injection that can block pain to a certain area. Either your surgeon or anesthesia provider may perform this. A block may reduce the amount of medication you need during and after surgery. As your surgery begins, you may receive medications by mouth or IV to dull the pain. Your care team will give you an appropriate amount of medicine during surgery to keep your pain under control, even if you are asleep. Learn more about the different types of anesthesia you may receive. You may also receive medication in the recovery room after surgery.

Post-Surgery Pain Management

While always important to follow your doctor's instructions, here are some different methods that your team may recommend to reduce your pain:

- **Elevate:** Inflammation and fluid will run to the site of surgery like water flowing down a hill. Elevating the injured area so it is higher than your heart can reduce swelling and pain by bringing the fluid away. Swelling can increase quickly by putting your hand at your side, and this can make your dressing feel tight.
- **Loosen your dressing:** If your dressing/splint feels tight, and elevation for 10 minutes does not improve the tight sensation, contact your surgical team. It may be recommended that you unwrap any tape or elastic wrap and loosen the outer bandage. If this does not help, you may be advised to tear, unwrap, or cut the inner layers with blunt-tipped scissors. Make sure you are cutting on the opposite side of where your incision is located. When done, you will need to try to rebuild your dressing to keep your wound clean and covered. Before doing any of this, check with your medical team.

- **Keep moving:** If allowed by your surgeon, try to frequently move the fingers, wrist, elbow, and/or shoulder that are outside of the splint or cast. You can do this gently and slowly. This improves blood flow. It may be uncomfortable to move at first, but the discomfort will improve with time and motion. Your surgeon will be more specific about what to move and what to rest.
- **Ice the area:** Icing the painful area will reduce swelling, inflammation, and pain. There may be certain procedures (such as surgery on arteries, skin grafts or flaps) where a cold treatment could be harmful, so consult your surgeon before using ice.
- **Heat the area:** If you are in the phase of care where you can remove your dressing or splint, you may be able to try heat. Heat increases blood flow to an area and can help with muscle spasms, muscle soreness and joint pain.
- **Avoid smoking:** Chemicals present in cigarettes can increase pain. Reducing or quitting smoking can improve your pain. Nicotine alone can cause pain by reducing blood flow. For elective surgery, it is best to stop or limit smoking at least 2 weeks before your date.

Post-Surgery Medication Management

The methods listed above are often effective when used in combination with taking medications post-surgery. There are many different classes of medication that can help pain. Some can be purchased over the counter, and some require a prescription. Your surgical team will help create a plan with you. Some commonly prescribed medications can include:

- Tylenol (Acetaminophen)
- Aleve (Naproxen)
- Motrin/Advil (Ibuprofen)
- Celebrex (Celecoxib)
- Toradol (Ketorolac)

When taking medication, keep the following in mind:

- It may take 30-60 minutes for your body to absorb the medication after you take it by mouth, so be patient.
- Longer-acting medications used before bedtime may help you sleep better the first few nights after surgery.
- The first few nights post-surgery will generally be the toughest.
- Do not exceed the dose recommended by your physician or combine medications without consulting with your physician.

If you are unfamiliar with these medications, your surgeon can specify how much medication you should take, for how long, and how often. It is important to follow the directions of your surgeon carefully.

Opioids

Opioids are a type of pain medication made from the poppy plant that is used to make opium and heroin. They can be effective in treating pain, but opioids should be used as a last resort, in limited amounts, and for as short of a time as possible. Use of these medications should only be done under the guidance of your doctor. When taking opioids, you are at risk of becoming dependent on the medicine, and they may become less effective over time.

Oxycodone and hydrocodone are two of the most commonly used opioid “pain” pills. Your pill may already have acetaminophen combined with the pain medicine, so make sure you are not taking too much if you take this separately. Your surgeon will give you a customized plan for managing your pain based on your type of surgery, number of procedures, duration of surgery, etc. Overdoses of pain medications can be dangerous and life-threatening.

Learn more about opioids, including the side effects, how to safely use them, and how to properly dispose of any extras.