ACUTE PAIN MANAGEMENT AFTER SURGERY
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This information includes practical tips about pain management after head and neck cancer surgery. It may help answer some of your questions and help you think of other questions that you may want to ask your cancer care team; it is not intended to replace advice or discussion between you and your cancer care team.

PAIN AFTER SURGERY

Pain is a common side effect of surgery and head and neck cancer

- **Acute pain** is a normal part of your body’s response to injury and healing after surgery. It usually lasts for days to weeks.

- **Chronic pain** after surgery is not normal and may be caused by abnormal nerve function. It may last months or years and often does not respond well to standard pain medications. It may be helpful to see a pain specialist to treat this. This information sheet does not apply to the management of chronic pain.

- **Chronic pain** also occurs when cancers cannot be cured (see palliative care below). It may be helpful to get advice from a palliative care specialist or nurse about how to manage this type of pain.

SOME FACTS ABOUT PAIN MEDICATIONS

- Pain is a normal part of the recovery from surgery but that does not mean you should ‘put up with the pain’. It is important to let the doctors and nurses looking after you know if your pain is not well controlled.

- Medicines that relieve pain are called **analgesics**. It is important that you take the right type of analgesic for your pain.

- Pain medications are much more effective if:
  - You start taking the medication before the pain gets severe
• You take the medication regularly (e.g. paracetamol should be taken every 6 hours)
• You use a combination of medications, such as paracetamol with an opioid (e.g. codeine or oxycodone)

• Pain medicines may be given as:
  o tablets or capsules (most common)
  o lozenges for sucking, or liquids
  o injections into the skin or muscle, or into a vein
  o skin patches
  o suppositories placed into the rectum.

• Different painkillers have different side effects. It is important to know what to expect and what can be dangerous. For example:
  o Opioids (e.g. codeine and oxycodone) cause drowsiness, nausea and constipation
  o Paracetamol has very few side effects but can cause severe liver damage if overdosed
  o NSAIDS (Non-steroidal anti-inflammatory drugs, e.g. ibuprofen) can cause stomach ulcers and need to be taken with food.

• Allow time for your medicines to work.
  o Slow-release medicines gradually release the medicine and may take several hours for maximum effect.
  o Immediate-release medicines work fast by releasing the medicine quickly, usually under 30 minutes, but may not last as long.

• Let your doctor, nurse or pharmacist know if you are taking other medicines, including prescriptions, vitamins, herbs and/or other supplements. Different medicines may react with each other or cause side effects.

MANAGING PAIN DURING SURGERY

• During the operation, in addition to the general anaesthetic, other pain medications (analgesics) will be given to you while you are asleep. Giving pain medication during surgery helps keep your blood pressure and heart rate normal. This includes:
  o Simple analgesics such as paracetamol
  o Opioids or narcotic analgesics such as morphine or fentanyl
  o Local anaesthetics
• These will wear off after minutes to hours, depending on the type of analgesic and how much was given.

MANAGING PAIN AFTER SURGERY IN HOSPITAL

• When you wake up after an operation, pain medication can be given several different ways. It is likely that your anaesthetist or surgeon will have prescribed several types of pain medications. Some of these will be given regularly (without asking) and some of these will only be given if you request them or if you say that you are in pain. This is called PRN. These include:
  o Injections, either through a drip (IV) or under the skin
  o Tablets
  o Suppositories (rectally)

• For large operations where a lot of pain is expected the anaesthetist may prescribe a special type of injection called a PCA – patient controlled analgesia. This means that you will have a button that allows you to decide when more painkiller (usually a narcotic) should be given. There are several things to know about PCAs:
  o The amount of pain medication is small, so don’t wait for the pain to get severe
  o The minimum time between injections is usually several minutes, so you can’t give more medication by pushing the button several times in a short time.
  o It may take some time (30 – 60 mins) to get an adequate level in your bloodstream to control the pain, for example after you have been asleep.

• If moderate pain is expected, then a combination of medications will be prescribed. It is common to use:
  o Regular paracetamol (1g every 6 hours). Paracetamol
    ▪ works best if given regularly
    ▪ has very few side effects if taken in the correct dose
    ▪ reduces the amount of strong (opioid) medications needed that have more side effects
  o NSAIDS either regular or as needed. NSAIDS need to be taken with food
  o Opioid (Narcotic) tablets, such as codeine or oxycodone. Opioids
    ▪ are strong analgesics with more side effects
▪ work well combined with a simple analgesic, like paracetamol
▪ are usually given PRN
  o Opioid (Narcotic) injections. These are usually given immediately after surgery or when you have difficulty swallowing or absorbing tablets.

MANAGING PAIN WHEN YOU GO HOME AFTER SURGERY

• When you go home it is good to have a plan about how to manage the pain. This includes knowing:
  o what medications or scripts will be given to you to take home
  o what dose to take and how often, including what is the safe maximum dose
  o what to do if the pain is not controlled with these medications. Have a ‘back up plan’

• If you have been in hospital several days, then usually the pain will be getting less by the time you go home. However sometimes the pain can increase after you go home because:
  o you are more active
  o you are swallowing more or trying different types of food
  o You have stopped taking regular analgesics
  o There is a problem, such as an infection or bleeding
    ▪ If there is redness, swelling, discharge, fever or a bad smell then you need to contact your cancer specialist.

• Usually a combination of medications will work best. It is common to use a combination of:
  o Regular paracetamol (1g every 6 hours). Paracetamol
    ▪ works best if given regularly
    ▪ has very few side effects if taken in the correct dose
    ▪ reduces the amount of strong (opioid) medications needed that have more side effects
    ▪ can cause liver failure if too much is taken. Be careful that you are not taking two different medications that both contain paracetamol, such as Panadol and Panadeine.
  o NSAIDS, such as ibuprofen, either regular or as needed.
    ▪ NSAIDS need to be taken with food
    ▪ Check with your surgeon if NSAIDs are safe to use after your surgery.
Opioid (Narcotic) tablets, such as codeine, tramadol or oxycodone. Opioids
- cause constipation - take a laxative if you are having repeated doses of opioids
- cause drowsiness
  - it may be best to take opioids at night before you go to sleep.
  - If drowsiness is bad or starts to become a problem after you’ve been taking opioids for a while, contact your doctor or nurse.
- Work better when combined with a regular simple analgesic, like paracetamol. **Don’t stop taking regular paracetamol.**
  - If your opioid medication is changed to a higher dose, or to a different drug, don’t do anything that requires you to be alert, such as driving, until you know how the medicine affects you.

- You will continue to have regular follow-up visits with your specialist doctor and cancer care team. Other referrals will be arranged as needed with other health professionals to assist you.
- Your follow-up care at home will involve your GP and can also include a community nurse, or a palliative care team.
- If your pain isn’t under control, gets worse, or if you have side effects, see your GP about your pain management and about any referral needed back to your specialist.
- Describing your pain will help your doctor understand and work out the cause of your pain and how to treat it. Your doctor may suggest you use a pain scale or keep a pain diary.

**THE MAIN TYPES OF PAIN MEDICINES**

**For mild pain**

- **Paracetamol** has common brand names such as Panadol® and Panamax®.
  - Paracetamol may be combined with codeine.
  - Take paracetamol regularly (four times per day).
  - Do not take more than 4 g of paracetamol per day (usually 8 tablets per day), unless approved by your doctor.
  - If taken within the recommended dose, paracetamol:
    - has very few side effects
    - works well with other pain medications and reduces the amount of other medications with side effects
does not work well if you wait for the pain to get bad.

- **Anti-inflammatories** (including non-steroidal anti-inflammatories [NSAIDs]), include aspirin, ibuprofen, naproxen, celecoxib and diclofenac.
  - Some anti-inflammatories are available without a prescription. Check with your doctor as they are not suitable for some patients.
  - Side effects may include stomach ulcers, increased risk of stomach bleeding, kidney problems, or heart problems (especially for people who already have heart problems). It is therefore important to take these medications with food.

**For moderate-to-severe pain**

- **Opioids** include codeine (Panadeine®) for mild-to-moderate pain, and morphine, oxycodone, hydromorphone, tramadol and fentanyl (all for severe pain).
  - These medications require a prescription from your doctor.
  - Some opioid formulations are slow-release medicines; they control pain for longer periods, such as: MS Contin®, OxyContin®, Jurnsita®, Tramal SR® and Durogesic patches®.
  - Some opioid formulations are immediate-release medicines; they control pain for short periods by releasing the medicine quickly and include the brand names: Ordine®, Endone®, Dilaudid, and Actiq lozenges®.
  - As people respond differently to opioids, the doses are worked out individually for each person based on their pain; usually starting at a low dose and building up gradually until the pain is well controlled, under careful medical supervision.
  - As with all medicines, there is a chance that opioids may lead to a number of side effects. You may not experience all of the side effects. Speak with your doctor if you have any questions or concerns about treatment side effects which may include:
    - **Constipation** is common. Take stool softeners or laxatives, as prescribed by your cancer care team. You can also help prevent constipation by drinking plenty of water, increasing the fibre in your diet with fruit and vegetables, and moving around as much as you can.
    - **Feeling sick and/or nausea** is also common. It may help to lie down for a while after you take your pain medicine. You may be prescribed anti-sickness tablets.
    - **Drowsiness and feeling sleepy** is common and usually only lasts for a few days. It may be better to take these at night, to help you sleep, however, tell your doctor or nurse if it lasts longer.
    - **Other side effects** can be: a **dry mouth, itchy skin, poor appetite and difficulty passing urine**.
  - If you have any of the following effects, contact your doctor or nurse, as the opioid dose may be too high or you may need a different pain medicine: prolonged drowsiness, spidery lines...
at the edge of your vision, unusually vivid dreams, hallucinations, shaking or muscle twitches or jerks, confusion, feeling agitated, or painful and sensitive skin all over your body.

- If you stop taking opioids suddenly you may have some withdrawal symptoms, talk to your doctor before reducing the dose or ceasing your opioid medication.
- Speak with your doctor if you have any questions or concerns about treatment. The following are some common concerns that people have about taking opioids.
  - **Addiction:** If you are taking opioids to relieve pain, you are unlikely to become addicted. Taking opioids for pain relief is different to an addiction.
  - **Injections:** You will not necessarily need to have injections. Opioids can often be taken in other ways such as by tablets and patches.
  - **Effectiveness of opioids over time:** It is better to start opioids when prescribed, to avoid making the pain worse or harder to get under control.
  - **Breakthrough pain:** Talk to your cancer care team about any sudden flare-ups in pain. You may be prescribed an extra dose (or a top-up dose) of an immediate release medicine that can act quickly. Your doctor may ask you to keep a record of how many extra doses you need, to help monitor your pain control.

**Other drugs or treatments for chronic pain control**

- Other drugs are sometimes given together with other pain medicines such as opioids, these are called **adjuvant drugs** and can help pain medicines work more effectively.
  - There are some side effects for adjuvant drugs and you should discuss this with your doctor. Adjuvant drugs may include:
    - **Antidepressants,** such as amitriptyline or doxepin, for nerve pain such as burning pain.
    - **Anticonvulsants,** such as gabapentin or carbamazepine, for burning or shock-like nerve pain.
    - **Anti-anxiety drugs,** such as lorazepam or diazepam.
    - **Steroids,** such as prednisone or dexamethasone, to reduce swelling.
    - **Bisphosphonates,** such as pamidronate or clodronate, and denosumab for bone pain.
    - **Local anaesthetics,** such as lignocaine for pain in a particular place, such as mouth ulcers.
- **Physiotherapy** can assist with reducing pain, improving posture and movement. For example, rehabilitation with a physiotherapist can help regain movement in your shoulder following lymph node removal.
A physiotherapist may give you advice on positioning for comfort and make recommendations on exercises. They may advise on using pain relief options such as transcutaneous electrical nerve stimulation (TENS).

- **Complementary therapies** are therapies that can be used in addition to conventional medical treatments, to improve your quality of life and wellbeing.
  - Complementary therapies used to help reduce pain include: relaxation, meditation, massage, acupuncture, aromatherapy, music therapy, art therapy, imagery, hypnotherapy, heat and cold, and distraction.
  - Let your doctor, nurse or pharmacist know if you are using or are thinking about using any complementary therapies. Some may cause reactions or unwanted side effects depending on the treatments prescribed by your doctor. You should also tell the complementary therapist about your cancer surgery.

**WHO TO SPEAK TO ABOUT PAIN MANAGEMENT OPTIONS AND CONCERNS**

Getting medical help for your pain is very important since pain can be controlled for most patients after cancer surgery. The best thing to do is to let your cancer care team know you have pain and describe it to them. If pain is not managed quickly, it may become more difficult to control.

- Don't be afraid to ask questions and ask your cancer care team to explain things to you in terms you understand.
- A multidisciplinary team may be involved in managing your care, and will support you in managing your pain. This team may include:
  - doctors such as your surgeon, medical oncologist, radiation oncologist, GP and pain medicine specialist
  - nurses and nurse practitioners
  - pharmacist
  - physiotherapist and occupational therapist
  - palliative care team
  - psychologist
  - counsellor, social worker and pastoral care worker.
• Talk to your cancer care team if you are considering using any complementary therapies alongside your prescribed pain treatments.

• Discuss treatment options with your partner or family and friends. Being able to talk about your pain with loved ones may help them as well as you.

• You can benefit from emotional and psychological support. Contacting other patients who have had similar experiences may assist. Ask your cancer care team to put you in contact with a cancer support group.

• If you have chronic pain, seeing a specialist (such as a psychologist) may help you feel more in control of the situation.

• Visit the Head and Neck Cancer Australia website for further information about health professionals who may be involved in the treatment of head and neck cancer.

PAIN MANAGEMENT AND PALLIATIVE CARE

• Palliative care:
  o improves quality of life for people with cancer in an advanced stage that may no longer be cured
  o offers a range of services to look after your whole wellbeing, involving a team such as doctors, nurses, social workers, physiotherapists, occupational therapists and others.
  o provides pain relief and relief of other symptoms
  o helps by identifying problems early and working out what may help for pain and other problems.

• Palliative care may come in and out of your life as your needs change. It is not only for end-of-life care.

• Pain management is often an important part of palliative care, but is only one aspect of palliative care.

QUESTIONs TO ASK YOUR DOCTOR

- Who can help with treating my pain? Will I keep seeing you about my pain relief, or will I see my GP or palliative care team?
- What treatments do you recommend for pain and why?
- How long will the pain medication take to work?
- How often should I take my medicines?
- Should I take extra doses if I still get pain?
- How will my pain be assessed?
- Are there other treatments you would recommend if my current pain medication is not effective?
- What are the possible side effects of the medicines?
- Are painkillers addictive?
- How can the side effects be managed?
- Are there any complementary therapies that might help?
- How can I get help if the pain suddenly gets worse?
- Who can I contact if I have questions about my pain levels or my medicines when I am at home?
About Head and Neck Cancer Australia

Head and Neck Cancer Australia (formerly Beyond Five) is Australia’s only charity dedicated to providing information and support to people living with head and neck cancer, caregivers, family and healthcare professionals.

Head and Neck Cancer Australia’s mission is to improve the quality of life of everyone affected by head and neck cancer through education and access to support and to raise awareness of head and neck cancer nationally.

Head and Neck Cancer Australia supports people through their cancer journey, from diagnosis to treatment and life after cancer by providing comprehensive, easy to understand and easy to access information. We have the only Directory of Head and Neck Cancer services and support groups available in Australia and New Zealand helping people to find the right services and support when they need it most.

Phone: 1300 424 848
Email: contact@headandneckcancer.org.au
Web: www.headandneckcancer.org.au

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