

Managing your pain after surgery

Patient information

How to manage your pain

Some pain after an operation or surgery is normal. The amount of pain will be different for everybody. You will be given different pain relief medicines during and after your operation. Some pain medicines we recommend taking regularly. Others you only take as and when you need them. Managing your pain is important. It will let you move, cough, walk and, over time, become more active. These activities are vital. They will help reduce potential complications after surgery, such as chest infections and blood clots. This will also help you to leave hospital early and recover quicker at home. Please buy your own stock of basic over-the-counter pain medicines (paracetamol and ibuprofen) as we no longer provide these medications at discharge.

Types of pain relief medicine

Paracetamol

Paracetamol is very good at managing mild to moderate pain on its own. It can also be used with other medicines for managing severe pain. There are no side effects or interactions with other medicines. We would suggest you take two 500mg tablets up to four times a day. If you are under 50kg/7stone 9 pounds, then take one 500mg tablet up to four times a day. Please do not take paracetamol while taking other products with paracetamol in. For example, Lemsip or co-codamol. You should not take more than eight doses in 24 hours.

Ibuprofen

(or other anti-inflammatory medications such as Naproxen)

These work at the site of pain by reducing inflammation and swelling. They are good at managing pain on their own. You can take them with other pain medicines if pain is severe. We recommend taking them regularly. Do not take them if you have:

- an allergy to aspirin
- chronic kidney disease
- severe asthma
- had a stomach ulcer in the past.

If you are on blood thinning medication please check with your doctor or pharmacist before using ibuprofen/anti-inflammatories.

Take them with food to avoid an inflamed stomach. If you start to get indigestion on these tablets, stop taking them.

Opioids (e.g. Dihydrocodeine /Tramadol/Oramorph/Oxycodone)

These are strong pain medicines. They have a range of side effects including nausea, drowsiness, confusion, constipation, and itching. If you are prescribed them, take them only when you need to. Do not exceed the recommended dose. Their effectiveness at managing pain reduces over time. There can be a risk of becoming dependent on them. It is important to avoid taking these medicines long term. Please refer to the liquid opioids leaflet for more information.

Local anaesthetic

Often the surgeons will give local anaesthetic at the operating site. This is to help with pain relief afterwards. Anaesthetists may carry out local anaesthetic injections around your spine, specific nerves, or muscle layers. These procedures will be discussed with you before you arrive at theatre.

All these techniques can be very effective. They only last a limited amount of time. For this reason, it is important you carry on your regular pain relief medicine. This is so you are covered once it wears off.

Other ways to manage pain

Pain is always worse when you have nothing else to think about. Think about ways in which you can help distract yourself from the pain. For example, listening to music, reading a book, or watching TV can be very helpful.

Advice after going home

If you are still in a lot of pain after taking all your prescribed medicines as advised, then please contact the day-case unit/ward that you were discharged from. They can give advice up to 24 hours after discharge. After this, please contact your GP or call **111** for advice.

Poole day of surgery: **0300 019 2150**

Royal Bournemouth Ward A29 Left: **0300 019 6081**

Out of hours at Poole (surgical assessment unit): **0300 019 3362 / 3492**

Out of hours at Royal Bournemouth: (Ward A31 Left): **0300 019 4765**

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The Royal Bournemouth Hospital, Castle Lane East, Bournemouth, Dorset, BH7 7DW
Poole Hospital, Longfleet Road, Poole, Dorset, BH15 2JB

Author: **Dr Richard Harrison** Date: **March 2026** Version: **Three** Review date: **March 2029** Ref: **044/24**

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Pain relief chart for home

This chart will be completed with you by your discharging nurse. Any medicines not needed will be crossed off. Over the coming days your pain relief needs should reduce. The colour chart shows you which drugs to stop first. Opioids should be the first medications to stop. In most cases, you will not need them after a few days.



Tick prescribed	The dose	Time of next dose
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1. Paracetamol

Paracetamol		(One/two) 500mg tablet(s) To be taken orally four times a day regularly with a four-six hour gap between doses. Do not take more than eight in 24 hours. (delete as appropriate)	
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2. Non-steroidal anti-inflammatories

Ibuprofen		400mg three times a day, with at least a four-hour gap between doses	
Naproxen		Two 250mg tablets To be taken orally twice a day regularly with at least an eight-hour gap between doses	

3. Tablet opioids

Dihydrocodeine		One 30mg tablet To be taken orally ONLY IF REQUIRED with at least a six-hour gap between doses	
Tramadol		One 50mg tablet To be taken orally ONLY IF REQUIRED with at least a six-hour gap between dose	

4. Liquid opioids

Oramorph		5-10ml of liquid (10mg per 5ml) To be taken orally ONLY IF REQUIRED with at least a six-hour gap between doses	
Oxycodone		5-10ml of liquid (5mg per 5ml) To be taken orally ONLY IF REQUIRED with at least a six-hour gap between doses	