

managing
post-surgical pain
for those in
addiction recovery.



HANLEY CENTER
Help becomes hope.™



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introduction: managing post-surgical pain

Addiction is a chronic disease, and must be addressed as a factor by the medical team and the patient when surgery is anticipated, whether it is inpatient or day surgery. Developing a plan for pain management after surgery is vital for those in recovery from addiction. The plan will help to create a cooperative, supportive environment in which you, the patient, can best recover. The effective management of post-surgical pain is not only every patient's right, it is also a major factor in relapse prevention. You may start by locating a physician who understands addiction.

Be open and engage in honest communications with your physician and surgeon, who will help determine safe pain management options well ahead of the surgery. Knowing what to expect will also help alleviate any anxiety you may have about your surgery and medications.

Plan to actively participate in a recovery program such as AA, and enlist the support of family, spouse and/or friends in your pain management plan and surgical recovery. Maintain the active support of your physician and psychiatrist and/or psychologist post-surgery.

Pain monitoring following surgery will help to determine treatment and tapering of any opioid medications. A withdrawal regime should be planned if needed, since extended use of opiates will lead to physical addiction.

Your pain recovery program requires your participation: get adequate sleep, eat healthfully and exercise appropriately. Holistic and complementary therapies can speed recovery as well as help maintain health, medically, spiritually and emotionally.

Here are more guidelines and information to help you plan your surgery recovery:

physician-patient communications

Your pain management plan will begin with communications with your physician and surgeon, and could include a discussion with the anesthesiologist on the day of the surgery. You will need to:

- Describe your complete medical, medication and addiction history, with dates of recovery and any relapses
- List all current medications and doses and any medication reactions
- Learn about the surgical procedure ahead of time
- Learn and discuss possible medication and adjunct treatment options, and hospitalization or day surgery expectations

Prescriptions for all medications should come from one physician. Your medical team should be aware of all medications that you are taking.

You may enter into a written contract with your physician, in which you understand the medication treatment protocol, including the fact that all pain may not be totally controlled by medications. You may agree to be treated with

opioids for acute post-surgical pain, and consent to periodic but random drug testing post surgery. This is usually done in periods for up to six months.

The goals of the pain management plan should be discussed with your physician and a supporting family member or friend. It is helpful to write them down.

Your holistic health team may include a psychiatrist, psychologist, or addiction counselor, who should be involved in your support from planning through post surgery. Recovery from surgery and pain will be more successful when any concurrent mental and emotional conditions are addressed at the same time.

pain, treatment and medication management

Pain may be generally classified as acute or chronic, and the World Health Organization (WHO) charts pain as mild, moderate and severe, with a stepladder approach to analgesic treatment. Individuals experience their own unique pain thresholds. The Joint Commission of Health Care Organizations (JCAHCO) has devised a chart to help you and your doctor rate your pain level from one to ten, ten being the most severe. The Short-form McGill Questionnaire is another instrument to measure pain, using sensory words.

Your pain medications will be chosen by their ability to provide the best pain relief with the least risk immediately following surgery. Pain medications should

be prescribed only proportionate to the level of pain experienced. In this way, pain is treated effectively and in a timely manner so that it does not escalate or result in chronic pain. Experiencing some level of pain following surgery is normal, but severe, untreated pain can affect emotional health.

Opioids:

Post-surgical medications for acute pain may require the administration of opioids, which should be tapered off carefully in dosage, usually in a several-day span. Opioids work by linking to certain opioid receptors in the brain and spinal cord, blocking the transmission of pain messages to the brain. Physical withdrawal may occur in abrupt discontinuation of opioid medications. Opioids do cause physical addiction if taken over an extended period of time. If opioids are used, these will be documented.

The most commonly used opioids for pain management are morphine, for severe pain, codeine and oxycodone. Opioids may be used with adjuvant analgesics, which are compatible with opioids. Longer lasting drugs may avoid a pain-and-relief roller coaster and could result in the use of less medication overall.

Non-narcotic medications such as these may be used effectively as the opioids are tapered, or in some cases, instead of opioids:

- Lyrica is an anticonvulsant used for partial onset seizures, but due to its effect on the central nervous system, it can also be used to block pain signals. It is used often in neuropathic pain and fibromyalgia.
It is non-addictive and non-euphoric.
- Nonsteroidal anti-inflammatory drugs (NSAIDs), reduce pain, swelling, stiffness and inflammation. They also reduce fever.
- Toradol has been used in place of narcotics for acute pain.
- NSAIDs may be most effective in bone pain or musculoskeletal pain.

- Non-specific NSAIDs include Advil, Motrin and Naprosyn. Cox-2 –specific NSAIDs include Celebrex.
- Tricyclic antidepressants such as amitriptyline (Elavil) may be used effectively in some types of neuropathic pain.
- Corticosteroids, such as cortisone (Cortone) are non-narcotic and may be used to treat inflammation and acute pain over a short period.
- New drugs such as sodium-channel blockers target specific pain areas and cells.
- A “Pain relief ball” is a balloon type of device that administers non-narcotic medication to the incision site through a small catheter. It has been shown to significantly reduce narcotic use in cesarean and hysterectomy patients.
- Acetaminophen reduces mild pain and may be used with other therapies.

TENS is an alternate therapy for pain recovery in which electrodes placed directly on the skin deliver an electrical stimulation. ***TENS is non-addictive and has no known side effects.***

Spinal cord stimulation is a new treatment in which electrical stimulation through an electrode jams the nerve pain signal, and is sometimes used to treat some back pain from nerves injured through surgery.

Your physician should order tests to determine your liver and kidney function before prescribing pain medications, including nonsteroidal anti-inflammatory drugs (NSAIDs).

Discuss possible side effects of medication choices, drug interactions, alternative medications, and analgesics for less acute pain with your physician.

If drug tolerance occurs, treatment may be changed, perhaps in conjunction with other medications and therapies. Other possible underlying or developing conditions should be examined.

How the pain medication is delivered:

Discuss with your medical team how your pain medication will be delivered. Will this include a pain block during surgery? Will the medication be administered in a scheduled or as needed basis, or will it be an around-the-clock regimen while you are in early recovery from surgery? If delivered by patient-controlled analgesic pump, dosages are limited to a maximum dosage every eight to twelve hours. The number of times the pump is activated is recorded.

When a patient leaves the hospital, medications may be prescribed in limited quantities and smaller doses to be taken more often. It is important to engage the help of a spouse or other person to organize and help administer the prescribed medication at the scheduled times.

symptoms, triggers and risks of addiction relapse

What are your risks for addiction relapse after surgery?

Relapse after surgery is more likely if addiction is not addressed as a chronic disease. When at all possible, pre-surgery is the time to communicate with your medical team, your support group and sponsor, as well as family and/or spouse.

If you live alone, you may need scheduled home visits from a nurse after surgery to administer medications, or plan ahead to have someone come in daily for medication dosing and support.

When surgery is the result of an emergency, communicate with your physician and medical team as soon as possible, and enlist the aid of family, support team and/or spouse.

Symptoms and triggers of relapse may include:

- Emotional swings, lows or anxiety
- Over-sedation or feeling a “rush” or “high”
- Continued confusion about medication dosages
- Continued pain symptoms that do not seem to be controlled by medication
- Taking medications other than those prescribed or more than prescribed for pain
- Craving, or self-medicating for emotional relief
- Blackouts
- Opioid withdrawal symptoms, which may include cramping, shakiness, inability to sleep, irritability and diarrhea

Some of these symptoms may indicate withdrawal, serious medical conditions, inadequate pain treatment, or a pain rebound due to inadequate tapering of medications. Monitor your level of pain with an addiction specialist.

Random urine or blood testing is an option after the patient has finished taking the prescribed pain medications. This is determined by your physician and tests are performed as a relapse prevention or intervention vehicle.

prevention and treatment of withdrawal

Recovering addicts often experience anxiety in anticipation of surgery because they fear withdrawal from narcotic medications, as well as addiction relapse. Withdrawal is a possibility and must be adequately and immediately treated.

When opioids are used for acute surgical pain, pain levels should be closely monitored, and slowly tapering dosages over a period of several days usually prevents withdrawal. The use of NSAIDs during tapering may help to ease off opioid use and can be very effective in controlling pain. Review pain medication options. Before surgery, decide what should be done with unused or outdated prescriptions, and document this.

When withdrawal is experienced, symptoms may be effectively treated with buprenorphine. The use of buprenorphine must carefully monitored. Clonidine is another medication used in opiate withdrawal. The patient should be under the direct supervision of the physician and may be hospitalized in a short-term detoxification unit.

Do not try to self medicate or tough it out by yourself if you experience withdrawal symptoms.

psychological and psychiatric implications and treatment

Your pain management plan should address any co-occurring emotional and mental conditions. Ongoing treatment by a mental health professional may include specific psychotropic medication and cognitive therapies, as well as recovery support. Be sure to keep your medical and surgical team informed of current medications, and maintain all psychological and mental health support pre and post-surgery. Hypnosis and cognitive therapy can be helpful for those who experience anxiety or fear prior to surgery.

Before any surgical procedure, take the time to learn and practice relaxation techniques such as meditation and deep breathing, which can actually ease pain and lower blood pressure. Deep breathing exercises can also increase oxygen levels.

Surgery may result in clinical depression for some people. Other emotional upsets may include emotional anguish and sleeplessness. These conditions may actually lower your pain threshold and should be addressed holistically.

holistic treatment options and treating chronic pain

Holistic treatment for post-surgical and chronic pain addresses the body, mind and spirit. Discuss complementary therapies like these with your physician:

- Neuromuscular massage therapy
- Chiropractic manipulation
- Physical therapy
- Occupational therapy
- Relaxation tapes
- Nutritional therapy
- Acupuncture
- Psychotherapy
- Biofeedback
- Appropriate exercise begins quickly after surgery, including proper breathing

Wellness in recovery:

To maintain wellness after surgery recovery, engage in regular exercise that is approved by your physician. You may discover the following mind-body practices:

- Meditation
- Hatha yoga includes a strong meditation component.
- Qigong is a system of energy healing practiced in China and is known to ease emotional reactions to stress.
- Tai Chi is a soothing practice that can be practiced on many levels. If you have heart or spine problems, check with your physician.

- Pilates builds balance, flexibility and stronger muscles.
- Brain fitness games

Practice your recovery program, and explore your spirituality.

your plan: address pain, prevent relapse

A brief recap:

- Communicate with your physician and surgeon. Address all medical history, medication, pain management addiction history and surgery recovery issues.
- Complete a pain management agreement with your physician.
- Write down plan goals.
- Actively participate in your recovery program.
- Enlist a support group among family and friends.
- Maintain your mental health program with a professional, if appropriate.
- Ensure correct dosing after surgery with the help of another person.
- Monitor pain and medications with physician after surgery.
- Ensure that your physician tapers medicine dosages.
- Learn and engage in alternative therapies and a wellness program designed with your doctor's approval.
- Begin to schedule normal activities.

Appropriate pain management is integral to recovery from surgery as well as continued recovery from alcohol and chemical addictions. Wellness is a plan for life.

personal stories: people in recovery

“I was a relapse waiting to happen.”

“Prior to knee surgery, I shared with my orthopedic surgeon several times that I was an alcoholic in recovery and was concerned about opiate pain treatment. He assured me I would need these medications, that they would go only where the pain was greatest and that the addiction issues would be minimal. After three weeks and as soon as I stopped taking the opiates, I knew something was wrong. Shaking, sweating and sleeplessness began the first day and continued for ten days. Even though I asked for help, neither the surgeon or primary care physician prescribed medication for withdrawal. My life’s work is associated with recovery, but I was on the brink of relapse. I finally saw an addiction psychiatrist, who noted he had helped many who had experienced excruciating opiate withdrawals after surgery. He prescribed non-narcotic Trazodone, and Clonidine to alleviate physical symptoms, and in my case, the opiate withdrawal symptoms finally came to an end.”

- **The Reverend Jo Campe,**

The Recovery Church

“Prescribe only the appropriate pain medication for the level of pain.”

“I’ve experienced first hand how pain medication can be over-prescribed following surgery. As a person in recovery and an addictionologist, I knew both the risks and the necessity of pain medication, and anticipated my hip replacement surgery with these in mind. My threshold of pain happens to be higher than some patients, and the amount of opiates prescribed to me while hospitalized and on discharge was far above what I needed to control my pain. I found myself negotiating a slightly earlier release from the hospital because I didn’t want to take opiates I didn’t need. Even so, staff handed some of these prescribed opiates to my husband with instructions that I take them. It was hard for him to understand that in this case, I wasn’t following doctor’s orders.”

- **Dr. Barbara Krantz,**

CEO and Medical Director, Hanley Center

“I was terrified of surgery.”

2002, I was critically injured in a motorcycle crash, after which I had to learn to walk again after a crushed pelvis and even to talk, due to a broken mandible. I learned that withdrawal from opiate medications can happen, and that detox is a necessary part of recovery. Then I suffered from appendicitis. It was misdiagnosed, and eventually the appendix ruptured, becoming gangrenous. I was away from home, without an addiction recovery support network. I was in critical condition with ruptured intestines from the appendix abscessing, and experienced emergency surgery and a three-week hospital stay and more opiate medication, which was slowly tapered. I still found sleep difficult for seven days, and was treated for withdrawal. So when I found I needed surgery for a deviated septum, I was terrified of becoming addicted, and refused pain medication. My doctor explained that without pain medication, a patient's blood pressure and fever could go through the roof, risking heart attack or worse. This doctor understood addiction, and very slowly tapered the medications. My advice is that you work closely with your support group and addictionologist or physicians who are well versed in addiction medicine all the way through.

- Mike Counes,

IT Network Operations, Hanley Center

managing post-surgical pain for those in addiction recovery

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Hanley Center is a premier facility for the treatment of alcohol and chemical addictions, specializing in holistic age and gender-specific treatment based on the Twelve Step Philosophy.

Hanley Center offers a range of services, including assessments for alcohol; chemical and medication addictions; detoxification and stabilization; residential and outpatient services for men, women, Baby Boomers and older adults; family education and co-dependence programs; continuing care services; spiritual care; wellness services; prevention education programs and professional training.



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