

PAIN MANAGEMENT BEGINS WITH YOU!



Kansas Spine & Specialty Hospital
A PATIENT GUIDE FOR MANAGING PAIN

PAIN MANAGEMENT

Knowing the Facts...

Pain can be controlled.

Pain is common after surgery and with many types of illnesses. Most patients with acute and chronic pain can take simple measures to reduce the amount, severity, and the duration of their pain.

Realize you are the expert on your pain.

Only you know how much pain you are experiencing. You need to share your feelings with your healthcare professional to get the best results.

It is very rare to become addicted to medicine taken for pain.

Addiction means a person is taking a medication to satisfy emotional or psychological needs rather than for medical reasons. This is often confused with “physical dependence” which occurs after using a narcotic for prolonged periods of time (2 weeks or more). Physical dependence is a chemical change your body undergoes which causes withdrawal symptoms if the medicine is abruptly stopped. This is a normal response and can be avoided by gradually reducing the medication dose over several days.

Side effects from pain medication can be managed.

All medications have potential side effect – and not everyone who takes a medication will experience side effects. Some of the more common side effects from narcotics are drowsiness, constipation, and nausea. You should always discuss any side effects with your doctors and nurses – most can be managed successfully.

Make a personal commitment to reducing your pain.

Pain management is an important part of your care. Controlling your pain can help you get well faster, enjoy greater comfort, and improve the results of your care. Understand there will be some amount of pain associated with the surgical process, but *be persistent*. Start with determination and a positive outlook. Participate actively in your pain management all along the way – from developing goals and sticking to them!

HOW TO GET THE BEST PAIN CONTROL

Managing pain begins with you...

Ask the doctor or nurse what to expect

- Will there be much pain and where will the pain occur?
- What treatments will be available during hospitalization?
- Participate in developing pain management goals that can be obtained. Understand it may not be possible to eliminate **ALL** pain, but there are effective options available to help *control* your pain.

Discuss your pain control options

Talk with your nurses and doctors about pain control methods that have worked well or not so well for you in the past. This should include prescriptions, over-the-counter medications, and other therapeutic methods like massage, heat or cold packs, exercise, etc.

- Express any concerns you may have about taking pain medication.
- Make staff aware of any allergies to medications you may have.
- Ask about side effects that may occur with pain treatment.
- Provide a list of your medications. This is important because mixing certain medication can cause problems.

Help the doctors and nurses “measure” your pain

For pain management to work, you need to have a way to describe and measure how much you are hurting and how much treatment is helping. One of the most useful ways to do this is the **PQRST** method:

P = Provoke: My pain seems to be provoked or made worse by....

Q = Quality: What does my pain feel like?

R = Region/Radiation: Where is pain located? Does it travel anywhere?

S = Severity: How bad is the pain?

T = Time: When did the pain begin?

Take pain relief medications when pain first begins

- It is easier to control pain if we “head it off” at the start.
- If a particular activity will provoke pain, take the pain medication first.

HOW SHOULD MY PAIN BE TREATED

Effective Treatment Options...

This information is provided to help you discuss treatment options with your doctors and nurses. Sometimes it is necessary to combine two or more of these treatments, or change the treatment slightly to meet individual needs. Keeping an open mind and realizing it may take time to find the best treatment option is often the key to controlling pain.

Always talk to your doctor before beginning any new medication or treatment regimen.

Pain Medication

There are many different medications used to treat pain. Generally they can be divided into three main groups:

1. Non-steroidal Anti-inflammatory medicines (NSAIDS)
2. Narcotics
3. Adjuvant medicines

① **Non-steroidal Anti-inflammatory Medications (NSAIDS)**

NSAIDs comprise a large class of medications with many different options. The type of NSAID recommended will usually depend on a number of factors, including diagnosis, level of pain, individual risk factors, and past experience with particular medications.

Ibuprofen (Advil[®], Motrin[®], Nuprin[®])

Ibuprofen is one of the original non-steroidal anti-inflammatory medications available without a prescription. For patients with back problems, ibuprofen is most commonly recommended to relieve mild or moderate back pain, tenderness, inflammation and stiffness.

Ibuprofen does have some aspirin-like effects on the stomach, so people with active ulcers or stomach sensitivity should avoid ibuprofen. Taking ibuprofen with food will help to minimize the chance of stomach upset.

Ibuprofen has a mild blood thinning effect that lasts several hours and can reduce the effectiveness of some blood pressure medications and diuretics

(water pills). If you take blood thinners, blood pressure medication or diuretics, it is important to talk to your doctor before taking ibuprofen.

Aspirin (Bayer[®] Ecotrin[®])

Aspirin is in a group of medications called salicylates. Available without a prescription, aspirin works by reducing pain, fever and inflammation.

Aspirin should be avoided by those known to be allergic to ibuprofen or naproxen, and caution used in patients with asthma due to the possibility of bronchospasm. In addition, due to its effect on the stomach lining, patients with active ulcers should avoid aspirin. The risk for bleeding increases in patients who consume alcohol or patient taking Coumadin (warfarin). Because of the risk for bleeding, patients should discuss the regular use of aspirin for pain control with their physician.

Naproxen (Aleve[®], Naprosyn[®], Anaprox[®], Naprelan[®])

Naproxen is available in both non-prescription strength (brand name Aleve) and prescription strength (Naprosyn). Naproxen works by reducing inflammation and pain in the body and is commonly recommended for treatment of back pain.

Naproxen does thin the blood, so individuals taking blood thinners or anticoagulants should avoid naproxen. People with active ulcers or sensitive stomachs should avoid taking naproxen. It is best to take naproxen with food to reduce the chance of upset stomach.

Because of potentially fatal interactions, patients taking MAOI medications (Marplan, Nardil) should absolutely avoid taking naproxen products.

COX-2 Inhibitors (prescription brand Celebrex[®])

This is a newer class of NSAID which works by stopping the chemical reaction that leads to inflammation in the body, but (unlike other NSAIDs) does not harm the protective stomach lining. Therefore, COX-2 inhibitors lead to lower gastrointestinal complications than other NSAIDs and do not tend to produce ulcers.

Also unlike other NSAIDs, COX-2 inhibitors do not impair blood clotting,

so they are considered safer for patients taking blood thinning medications, such as warfarin (Coumadin), and they may be used before or after surgery without an increased risk of bleeding.

Important new information from recent studies does show a potential increase in risk for cardiovascular events (such as heart attack and stroke) for COX-2 inhibitors, and the FDA has called for further research. Patients taking COX-2 inhibitors should meet with their physician to determine their individual risk factors and appropriate treatment options.

As a general rule, patients with any of the following factors should be sure to meet with their doctor before taking any type of NSAID:

- Thyroid problems
- Diabetes
- Heart disease and/or high blood pressure
- Allergy or reaction to aspirin, other NSAIDs or pain relievers
- Pregnant, about to become pregnant, or breast feeding
- Consumption of three or more alcoholic beverages a day
- About to have surgery or other invasive procedures

Acetaminophen (Tylenol®)

Acetaminophen is an over-the-counter pain reliever often effective in managing mild to moderate pain and when taken as directed, is usually safe. Side effects can include damage to the liver or kidneys if the medication is taken in high doses or taken for too long. Do not take acetaminophen without consulting your physician especially if you drink more than three alcoholic beverages a day due to the increased risk of liver damage.

② Narcotics

This prescription group of medications is effective for moderate to severe pain and includes morphine, hydromorphone, codeine, oxycodone, fentanyl, and others.

Narcotics work primarily by blocking pain sensation in the central nervous system (the spinal cord and brain) and can be given in a variety of ways:

- By mouth (pills or tablets)
- Rectally (suppositories)
- By vein (intravenous)
- Near the spinal cord (epidural)
- Through the skin (transdermal patch)

The most common side effects include drowsiness, nausea, and constipation. Contrary to common belief, it is rare (only 1% of those taking narcotics) for a patient to become addicted as a result of taking narcotics for surgical pain.

③ **Adjunctive Medications**

There are many other types of medications that have pain-relieving qualities that may be used in combination with traditional analgesics. Examples include antidepressants, muscle relaxants, anticonvulsants, and anti-inflammatory steroids. These medications are particularly useful when treating certain types of burning or tingling pain.

Important tips on how to use pain medicine

- It is a good idea to keep a list of medications in your wallet.
- When pain is constant, take your medicine on a regular schedule (by the clock) during the day and night. Do not skip a dose of medicine or wait for the pain to get worse before taking your medicine. Taking medicine regularly will help to keep the pain under control.
- Ask your doctor or nurse how and when to take extra medicine. If some activities make your pain worse, you may need to take extra doses of pain medicines.
- Report all side effects to your doctor or nurse. Some side effects can be treated, at other times side effects may require you to change to a different medication.
- The goal is to **prevent** pain. Once you feel the pain, it is harder to get it under control.
- Keep all medications safely out of the reach of children.

Non-Medication Therapies

There are many treatment options in addition to medicine that can be used to reduce pain. These methods can be effective for mild to moderate pain and help to boost the pain-relief effects of drugs. You may need the help of health professionals to learn to do these - some examples of pain relieving therapies you can try include:

- Relaxation techniques
- Hot or cold packs
- Massage
- Pressure or vibration
- Hypnosis
- Music therapy
- Distraction
- Imagery/visualization
- Biofeedback
- Transcutaneous Electrical Stimulation (TENS) Unit
- Meditation
- Breathing techniques
- Acupuncture
- Aromatherapy

A Pain Management Plan

A pain management plan is a great way to organize all the possible ways to reduce your pain, as well as includes a list of medications and other non-medication therapies you are using to manage both acute and chronic pain.

Your input into the plan is critical to its success. It's important to make sure the plan makes sense to you, in order to effectively follow it. It may be necessary to update and change your plan as you go through your recovery. Remember, treatment is individual to you and no one plan works for everyone.

Keeping your doctors and nurses informed about changes in your pain will help them to work with you to keep your treatment effective.

