

Opioid Information for patients on discharge following surgery

You have been given this leaflet because you have been prescribed opioids for pain relief after your surgery. You are unlikely to need opioids for the whole time your body is recovering/ healing. It is advised to take opioids only for a short period of time, as they can become addictive if taken for longer. This is why you will only have been given a small supply – if you feel unable to reduce your use of opioids because your pain is not improving, you will need to see your GP.

This short leaflet is designed to help you understand more about your pain relieving medication and to help you reduce and stop them safely.

What is an opioid?

Opioids refer to morphine and “morphine-type” medicines and are strong painkillers that have been used to relieve pain for many years. These include morphine, oxycodone, codeine and tramadol. You may be prescribed two opioids – a “long acting”/modified release opioid, and a “short acting”/ immediate release opioid. The long acting opioid will provide a steady baseline of pain relief over 12 hours, and the short acting opioid can be used in addition to this if you experience ‘breakthrough’ pain i.e. if the long acting opioid is not quite enough to manage your pain, you can take the short/fast acting opioid for quick relief.

Opioid pain relief is likely to only be required for a short period of time following surgery to allow you to recover from your operation and regain function. Opioids should only be used for a short period of time for acute pain, as prolonged regular use can result in addiction and/or tolerance (a higher dose will be required for pain relief). You may need to take opioids for a couple of days up to a couple of weeks depending on the type of operation you have had and your ability to cope with pain. You should be able to reduce the dose, and subsequently stop taking opioids. The amount of pain relief you need will be assessed at your outpatient appointment or by your GP who may or may not decide to issue further prescriptions.

How do they work?

Pain signals are transmitted from the nerves of the body through the spinal cord to the brain. Opioids act on areas in the spinal cord and brain to block some of these pain signals. Opioids can help with many types of pain but not all. They can be used alongside other types of pain medication that work in different ways, such as paracetamol and ibuprofen.

Will I become addicted to opioids?

If you take opioids following the instructions provided and for a short amount of time it is very unlikely you will become addicted. It is important that opioids are not continued unnecessarily.

What side effects am I likely to experience from opioids?

When you start taking opioids or when your dose is increased you may notice the following side effects:

- Constipation - a common side effect. You may need to take a regular laxative.
- Nausea - usually occurs during the first few days of treatment but should then settle within a week. Anti-sickness medication can be taken to help with this.
- Drowsiness - this usually wears off after a few days as your body gets used to the medication.
- Itching - your Prescriber may want to change the type of opioid or prescribe an anti-histamine to help.
- Dry mouth - artificial saliva products may help.

Please tell your prescriber as soon as possible if you experience any of the following:

- More muddled thoughts
- Feeling more sick than usual
- Feeling restless or jumpy
- Vivid or bad dreams or hallucinations

Your prescriber may reduce your opioid dose and/or suggest other treatments for your pain.

Can I drink alcohol when taking opioids?

Both alcohol and opioids can cause sleepiness, poor concentration and increased reaction times. You should avoid alcohol when you first start taking an opioid or if the dose has just been increased. Taking opioids may make you more sensitive to the effects of alcohol.

Can I continue to drive while taking opioids?

When you first start taking opioids you may feel drowsy. It is important you do not drive or attempt to operate heavy machinery if you feel drowsy. Do not drive if your dose has recently been increased. You must wait until this side effect has passed before driving. Do not drive soon after taking a breakthrough dose as this may also make you drowsy. You must wait, then check if you feel fit to drive. Your medical team may have told you that you are fit to drive but it is your responsibility to decide whether you are fit to drive on each occasion.

For further information please see the government advice regarding drugs and driving.

Drugs and driving: the law - GOV.UK (www.gov.uk)

How should I store opioids at home?

- Keep them in their original child-proof containers, clearly labelled, preferably in a locked cupboard out of the reach and sight of children.
- Store at room temperature in a dry place.
- Check with your pharmacist if you are unsure.

What do I do when I am travelling abroad?

If you are going abroad whilst taking opioids you should always ask the embassy of the country that you are travelling to what the local requirements are, as you may need to take a medical certificate.

DO NOT SHARE YOUR MEDICATION WITH ANYBODY ELSE

Once you have stopped taking opioids do not keep any leftover tablets/capsules or liquid. Any leftover medication should be returned to a pharmacy for safe disposal. Do not flush them down the toilet or throw them away.

Reducing and stopping opioids

If you are taking several different pain killers you would stop your opioid painkiller first, e.g. before you stop paracetamol/ ibuprofen.

If you are taking a short acting opioid only i.e. liquid morphine (also known as Oramorph) liquid oxycodone (also known as OxyNorm) codeine or tramadol

- Try to leave longer periods of time between doses or reduce the frequency you take the medication such as three times a day instead of four.

If you are taking the modified release tablets (twice a day)

- If you are taking doses of morphine/oxycodone higher than 10 mg twice a day, you will need to reduce your total dose by 10 mg every few days. When you get to 10 mg twice a day, you will reduce to once a day for a few days, then stop.
- If you are also taking an immediate release opioid – leave longer between doses as outlined above.

If you are unsure how to reduce your pain relief, please discuss this with your prescriber or pharmacist.

If you do not feel you are able to reduce and stop your medication due to your level of pain, you will need to see your GP for review as you have only been given a small supply.

This information is not intended to replace your doctor's advice. Read the manufacturer's information for patients, which will be supplied by your pharmacist when your medicine is dispensed. Keep all medicines away from children, vulnerable adults or pets.

This is a link to the Faculty of Pain Medicine patient advice leaflets on opioids.
Please ask for help if you are struggling to access this.



Name of opioid:

Date	Morning	Afternoon	Evening	Night
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				

If you have any comments about this leaflet or the service you have received you can contact :

Medicines Information Pharmacist
Calderdale Royal Hospital

Telephone No: 01422 223456

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਚ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

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