

## Getting Ready for Surgery: Safe and Effective Pain Relief

*This resource is part of the ASA-AAOS Pain Alleviation Toolkit, strategies for safe and effective alleviation of pain and optimal opioid stewardship. ASA and AAOS partnered to develop the toolkit, recognizing that empathic communication between the surgical team, patients, and families helps prepare patients for the pain of recovery from injury or surgery.*

### Consider the following:

- What did you do to help get comfortable after your last procedure?
- Do you or a family member have a history of substance misuse?
- How do you deal with stress?

Your health care team may also screen for:

- Symptoms of depression, anxiety, and other unhealthy thoughts.
- Current and past opioid use by checking the state prescription drug monitoring program.
- Sleep apnea.

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### Safe Use of Opioids

1. Opioids should be used in the lowest dose possible, for the shortest amount of time, with safe disposal of unused pills in a locked disposal box in a pharmacy or police station.
2. Misuse is less likely for patients that take opioids five days or less.
3. Use other types of pain medication whenever possible (NSAIDS, acetaminophen). These are the foundation for safe and effective pain relief.
4. Safety first:
  - Never take more medication than prescribed and do not share your medication.
  - Ensure it is also properly stored away from others and disposed when not needed.
  - Do not take opioids with other medications, such as antianxiety medication, sleep aids, etc.

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## Plan for Safe and Effective Pain Relief

**Before Surgery** (preparation and readiness; return to meaningful activity; distraction and social support; non-medication therapies; medication therapies & dose).

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## After Surgery

### Your health care team may ask:

- How are you doing?
- Are you having more pain from the surgery than you expected?
- Is pain limiting any important tasks?

### Your health care team may advise:

- Remember that your body needs time to heal.
- Take as few opioids as possible.
- Strategies to help get more comfortable.

Notes: \_\_\_\_\_

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## Practice-Wide Medication Guide for Common Orthopaedic Procedures

Type of Procedure	Procedure Examples	Recommended Opioid Maximums	Strategy
Minor procedures	Trigger finger, carpal tunnel release, etc.	Patients will receive no more than ____ opioid pills and just one prescription then switch to non-opioids.	Acetaminophen and/or NSAIDs
Intermediate procedures	Open reduction internal fixation of a radius or humerus fracture, knee or shoulder arthroscopy, etc.	Patients will receive no more than ____ opioid pills and just one prescription then switch to non-opioids.	Switch to non-opioids as soon as possible. Use a pill cutter to reduce the dose of opioids more rapidly.
Major Procedures	Spinal fusion, ORIF acetabular fracture, joint replacement, etc.	Patients will receive no more than ____ opioid pills and not more than ____ refill(s) of opioids.	Discontinue opioids within two weeks if possible and within one month of surgery.
Other	Fractures, laceration, etc. treated in the emergency room	Some very unstable or complex fractures may, on occasion, be treated with opioids prior to surgery, usually as an inpatient.	Non-opioid medications (ibuprofen, acetaminophen), ice, elevation.