Empathize, normalize the pain, rule out problems, affirm signs of resilience, strategize, be available.

- Ask “Does the surgery hurt more than you expected?” then pause to listen to the patient’s answer. Pain feels like something is wrong. Remembering why there is pain can be helpful. Give people space to make sense of things. Be comfortable with silence.
- Acknowledge that “Pain can feel like something is wrong.” (Rule out compartment syndrome)
- Remind them that “Your body needs time to heal, but let’s figure out what’s going on and find ways to reduce your pain to manageable levels.”
- Ask “Are you using all of the pain management strategies we discussed?” then listen to the strategies they have tried, affirm them, and suggest those they have not.
- Then run through this script: “If you are having trouble getting comfortable the night after your surgery, try one or more of these strategies:
  - Add acetaminophen if it’s not in the medication you are already taking.
  - Add ibuprofen or naproxen.
  - Stagger the acetaminophen and ibuprofen so that you’re taking one or the other every 3 hours.
  - Elevate the surgical area.
  - Apply ice (bag of ice wrapped in a towel; 10 minutes on, 5 minutes off, repeat).”
- “Which one of those strategies do you think you’d like to try?” Listen for their response and validate their choice.
- “Do you have someone who can help you while you get over this bump?”
- “We’ll call you later today (or in the morning) and see how you’re doing. Call us if you think something is wrong.”
- “Can you repeat back our plan?” Listen to ensure they know what to do.
- “Tell me your questions.” Listen with patience and repeat any instructions that were missed.