Physician Checklist: Plan for the Alleviation of Pain After Surgery & Optimize Safe & Effective Alleviation of Pain

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.

Planning and preparing people for discomfort after a surgical procedure is itself an important way to alleviate pain. You should consider all the factors that affect patients’ ability to get comfortable after injury or surgery.

Preoperative Discussion about Pain Relief and Recovery
The decision to schedule surgery should be followed by a discussion about recovery.

Prepare People for Discomfort

- Demonstrate care and compassion. Prepare patients for the recovery process.
  - “We want you to be as comfortable as possible after your surgery.”
  - “Pain is a part of the healing process.”
  - “Your body will need time to heal.”

- Let patients know you will support them – reinforce your partnership during recovery.
  - “If it feels like something is wrong, you can always check with us.”

Make a Plan
Planning demonstrates care and can reduce stress.

- Plan for safe and effective alleviation of pain.
  - “What did you do for the pain after your last surgery?”
  - Most patients will say, “I took a few opioids and then switched to Tylenol or Motrin”—a strategy that can be reinforced. Patients who have struggled to get comfortable may benefit from screening for stress, distress, and less effective coping strategies. Surgery can be postponed addressing any opportunities identified. When surgery can’t be delayed, be prepared to get help for the patient, including social work, psychology, addiction, or psychiatry consultations. And prepare yourself for important conversations with the patient during recovery.

- Consider routine screening for symptoms of depression, less effective coping strategies, and propensity for opioid misuse (use opioid risk assessment tools).
Plan for safe and effective alleviation of pain.

- Assess readiness.
- Check on social support.
- Provide tips, such as distraction, getting into one’s routine, social support, laughter, and physical activity.
- Recommend non-opioid analgesics: NSAIDs and acetaminophen. Worry less about using NSAIDs than opioids. A recent review shows no clear effect of NSAIDs on bone healing.
- Consider the appropriate use of local and regional anesthetics.
- Consider alternatives that might appeal to some patients: meditation, guided imagery, aromatherapy, massage, medical hypnosis, acupuncture, transcutaneous electrical nerve stimulation (TENS), continuous passive motion, or listening to music.
- Build resilience and address depression and anxiety prior to scheduling elective surgery.
- If opioids are used, prescribe the smallest dose for the shortest time possible. Note maximums for strength, number of pills, and duration. Emphasize opioids for the first 24-48 hours, perhaps mostly for sleep, and then rapid transition to non-opioid pain relievers.
- Consider adding a pain management physician consultation in more complex cases with the creation of a specific plan.
- Do not prescribe patients who do not want to take opioids after surgery for the reason of “just in case”.
- Discuss the safe storage and disposal of opioids.
- For patients on daily opioids or medication assisted treatment for opioid use disorder (methadone or suboxone), coordinate care with the primary care physician and the opioid prescriber.

Consider written or internet-based material documenting the plan for safe and effective alleviation of pain for patients and their family members to review and ask questions prior to surgery.

Optimize the Safe and Effective Alleviation of Pain

- Identify and address sources of stress (home, finances, relationship, work, etc), distress (symptoms of anxiety or depression), and less effective coping strategies (low self-efficacy, substantial catastrophic thinking) prior to elective surgery.
- Consider routine screening to quantify the potential for opioid misuse. Making screening routine reduces stigma and makes it a more positive aspect of preparing patients for surgery.
- Routinely check the Prescription Monitoring Program (PMP) for any recent prescriptions of scheduled medications.
- Use screening tools to identify opportunities for safe and effective alleviation of pain.
- Inform the entire surgical team of the findings of the risk assessment. Specifically screen for agonist-antagonist medication use that may have to be stopped before surgery.