

Managing Pain

If you have an opioid or heroin substance use disorder

This handout explains the methods we use for pain control when you are in the hospital and also have an opioid or heroin substance use disorder.

What is a substance use disorder?

Someone who has a *substance use disorder* (SUD) cannot stop using opioids (either prescribed opioids or heroin), even when there are bad effects such as loss of work, relationships, and living situations. Doctors consider SUD a brain disease because these drugs can cause changes in the brain that can make it hard to stop using them. The most effective treatment for SUD includes both medicines and counseling.

Pain Control in the Hospital

Pain control is important. We want you to be comfortable, but you will have some discomfort while you are recovering.

Well-controlled pain means you are able to do activities you need to do to recover. It does not mean you will be pain-free.

If you have been taking opioids or using heroin, you will need more pain medicine than most people do to treat pain. You will also need other pain treatment besides opioids since your body is used to the opioids.

We will work with you to create a care plan that will both control your pain and provide the medicine needed to prevent withdrawal. We will also help you connect with a recovery program when you leave the hospital.

Your Care Plan

While you are in the hospital, you may be prescribed methadone. Your care plan may also include other types of pain medicine and opioids that you can ask the nurse for between your scheduled methadone doses.



We will work with you to create a care plan that meets your needs.

We switch patients to oral pain medicine (pills) as soon as we can. *Intravenous* (IV) medicines (injections) may seem stronger because they work faster. But, the pain relief also wears off faster. Pills will give you more steady pain control.

Your pain plan should include both medical and non-medical treatments. These may include:

- **Medicines** such as acetaminophen (Tylenol), anti-inflammatory medicine, and gabapentin
- **Mental** practices like relaxation and distraction
- **Physical** treatments like ice and movement

Using these treatments together will provide better pain control. For some patients, doctors also use nerve blocks to help control pain.

What if I still have pain?

It is normal to have some pain and discomfort while you heal. Realistic goals for pain control are to prevent severe pain and keep pain at a lower level.

We want to help you control your pain so that you can do the activities that will help you recover. Most people have mild to moderate pain with activity while they are recovering.

What can I do?

- Ask questions about your pain control options and make a plan with your care team. Tell your care team what has worked for you in the past.
- Try not to let frustrations stand in your way of finding a solution.
- Tell us what you expect and share any fears or worries you may have. Fear can increase your pain. It is important to be able to talk with your care team about your concerns.
- Talk with your care team about realistic goals for pain control. These goals should include control of your pain so that you can take part in your recovery.
- Plan to use both medical and non-medical methods.
- Use non-medical methods such as ice, relaxation breathing, listening to music, and distraction.
- Get support from your family and friends, but do **not** accept any medicines or drugs that they might bring for you. Combining medicines can be dangerous to your health, and can even cause death.

When It's Time to Leave the Hospital

Our goal is to give patients the lowest possible dose of any opioid medicine for the shortest possible time. This is for your safety and for the safety of others.

We can prescribe methadone for pain while you are in the hospital. Once you leave the hospital, it is illegal for us to prescribe it to prevent withdrawal and reduce cravings. Besides hospitals, only addiction treatment programs are allowed to prescribe methadone/buprenorphine for opioid addiction.

- If you are planning to enter or continue in an opioid (methadone/buprenorphine) treatment program:
 - Your care team will work with you to arrange a clinic appointment as soon as possible after you leave the hospital.
- If you are **not** planning to enter a treatment program:
 - The methadone given in the hospital will slowly wear off. Any other prescription opioid for pain will be carefully stopped to reduce your risk for overdose.

Getting into a Treatment Program

Mental and substance use disorders affect people from all walks of life and all age groups. These illnesses are common, recurrent, and often serious. But they can be treated, and many people recover. Your recovery may also depend on how well you understand and cope with other challenges, such as emotional problems that may have caused, or been caused by, your heroin or opioid use.

Detoxification (“detox”) programs are designed to help people stop using heroin or other opioids so that they can take part in a therapeutic recovery program. Most people who go through a detox program but do not enter a recovery program usually end up returning to active drug use.

Many people with substance abuse problems find that a combination of counseling and medicine is the most effective. Few people can recover without the help of support services.

UW Medicine has counselors and social workers who can help you connect to a treatment program if you are ready. Many people have also found 12-step programs (such as Narcotics Anonymous) and spiritual care to be of great help and comfort.

Ask us for a list of resources and contact numbers. Your medical team can refer you to a professional who can talk with you about the care options that may best fit your needs after you leave the hospital.

Questions?

Your questions are important. Call your pain clinic if you have questions or concerns.

- Harborview Pain Clinic:** 206.744.7065
- UWMC-Roosevelt Center for Pain Relief:** 206.598.4282 (Call any time of day, 7 days a week)