

Pain Control After Spine Surgery

What to expect

This handout describes the different types of pain you will have after spine surgery. It explains how we will help you manage your pain.

What kind of pain will I have after surgery?

Surgery causes *acute* (short-term) pain. Acute pain is a part of healing. After surgery, you will feel acute pain from:

- The incision
- Tissue damage
- Inflammation, the body's natural response to injury

How is pain managed after surgery?

Pain control is a big part of your recovery. We will work with you to manage your pain. We will do all we can to help make you comfortable.

You will not be pain-free for some time. Our goal is to control your pain so you can do the activities that will help you recover. You will have discomfort as you recover and become more active.

We will ask you about your pain level many times. Please tell us how you are feeling. **Your feedback is vital.**

Opioid Pain Medicines

Most patients take prescription pain medicine (*opioids*) after surgery. Opioids help control acute pain. They are not used to treat *chronic* (long-term) pain. **We will prescribe opioids for no more than 6 weeks after surgery.**

Multi-modal Approach

We will use a *multi-modal approach* (many methods) to control your pain. This helps lower the risk of some of the problems opioids can cause.



Use an ice pack on the area of your surgery to help ease pain (see "Pain Control Without Medicines" on page 3).

In the Hospital

At first, most patients will take both opioids and other pain medicines. Our goal is to start slowly decreasing your opioid dose even before you go home.

At Home

- Keep *tapering* (decreasing) your opioid dose. Take it as prescribed at first. Then start to take a lower dose, or wait longer between doses, or both.
- When you take a dose of opioids, be patient. It can take 20 to 30 minutes for the opioids to start working. They may not reach their full effect for almost 1 hour.
- If your provider says it is OK for you to take acetaminophen (Tylenol), you may take 650 mg every 6 hours, or 1,000 mg every 8 hours. Doing this will help you taper your opioid dose.
- If you did **not** have a *spinal fusion* and your provider says it is OK for you to take *nonsteroidal anti-inflammatory drugs* (NSAIDs), you may also take 400 to 600 mg of ibuprofen (Advil, Motrin) every 6 to 8 hours. **Do not take NSAIDs** if you have heart or kidney disease or a history of *gastrointestinal* bleeding (bleeding in your digestive tract).

How do I know which pain medicine to take?

This table can help you decide what to take for pain:

Pain Level	How It Feels	What to Do
Mild Pain	You feel some pain, but it does not keep you from your daily activities.	<ul style="list-style-type: none">• Use Tylenol as needed.• Use ice as needed (see page 3).
Moderate Pain	Pain keeps you from doing the activities your provider has advised.	You need more pain control. <ul style="list-style-type: none">• Take Tylenol 2 to 3 times a day.• Use ice after activity or when you feel pain (see page 3).• Take opioids only if needed.
Severe Pain	Pain keeps you from doing any activity. You feel you cannot do basic tasks like getting out of bed, getting dressed, or walking to the bathroom.	<ul style="list-style-type: none">• Take Tylenol every 6 to 8 hours.• Take opioids as prescribed.• Use ice every 2 to 3 hours (see page 3).

Pain Control Without Medicines

To help manage your pain:

- **Use an ice pack.** Every 2 to 3 hours, place an ice pack on the surgical area for about 20 minutes. To protect your skin from damage, place a clean towel between your skin and the ice pack.
- **Distract yourself.** Try relaxation, breathing, music, reading, and other ways to focus your mind on something besides the pain.

For Your Safety

- Do **not** use heat on your back until your incision is fully healed.
- While taking opioids:
 - Do **not** drink alcohol. Together, opioids and alcohol can make you dizzy and slow your breathing. They can even cause death.
 - Do **not** drive or use machines.
- Store your opioids in a locked place.
- We will give you a prescription for narcan (Naloxone). This drug is used to treat an opioid overdose. If you would like to learn more about narcan, please visit stopoverdose.org.
- Dispose of any leftover opioids safely. King County has a disposal program for medicines you no longer need. To find a drop-box near you, visit <https://kingcountysecuremedicinereturn.org>. You can also request a mail-back envelope if it is hard for you to leave home.

What if I have constipation?

Some pain medicines can cause constipation (hard stool). To help with this:

- Eat more fiber. Eat plenty of fresh fruits and green leafy vegetables.
- Drink lots of fluids, 6 to 8 full glasses a day.
- Use stool softeners such as bisocodyl (Dulcolax), polyethylene glycol (Miralax), senna (Senokot), and docusate (Colace). You can buy these without a prescription. Each of these works differently to treat constipation. Take one or more of these, as directed.
- Call the clinic for more advice if these methods are not working.

What if I need refills after 6 weeks?

If you are nearing the end of your 6-week prescription, and you feel you still need opioids:

- Talk with your primary care provider (PCP) or your pain clinic.
- Meet with the provider who prescribes your chronic pain medicine before your opioids run out.

Who to Call

- Call your surgery clinic if:
 - Your pain is not under control or it gets worse.
 - You have questions about your pain medicines.
 - You want advice on how to taper your opioid use.
 - You need a refill of your pain medications.
- Call your *primary care provider* (PCP) if you need any other prescriptions filled, such as for a muscle relaxant.

Questions?

Your questions are important.
Call your doctor or other
healthcare provider if you have
questions or concerns.