乳房再造手术后如何控制疼痛

一般的状况

本讲义适用于在华大医学中心(UWMC)做乳房再造术的患者

一般的状况

手术后疼痛是正常的。随着逐渐恢复，疼痛应该会慢慢减轻。大多数患者在恢复期间会出现轻度至中度疼痛。我们的目标是确保患者的安全并将疼痛保持在可忍受的水平。

止痛药

手术后，使用非处方药（OTC）及处方止痛药。例如：

- **Acetaminophen对乙酰氨基酚**（泰诺等），每 6 小时最多可口服1000 毫克。
- *以下"非甾体抗炎药*（NSAIDs）”中的一种，从手术后当天开始服用（如果您进行了乳房切除手术，请等到手术后 24 小时再服用）：
  - **Ibuprofen布洛芬**（Advil、Motrin 等），根据需要每 6 小时最多可口服 600 毫克，与食物同服。
  - **Naproxen萘普生**（Naprosyn、Aleve 等），根据需要每日两次，每次最多可服用500毫克，与食物同服。

非处方药的服用表（示例）	
时间	**药物**
9:00上午	**Acetaminophen** (up to 1,000 mg) **对乙酰氨基酚 (**最多可口服1000 毫克)
12:00下午	**Ibuprofen** (up to 600 mg) **布洛芬（**最多可口服600 毫克)
3:00下午	**Acetaminophen** (up to 1,000 mg) **对乙酰氨基酚（**最多可口服1000 毫克)
6:00下午	**Ibuprofen** (up to 600 mg) **布洛芬(**最多可口服600 毫克)
9:00晚间	**Acetaminophen** (up to 1,000 mg) **对乙酰氨基酚(**最多可口服1000 毫克)

*** 重要提示：如有以下情况，请勿服用非甾体抗炎药（NSAIDs）：**

- 患肾脏疾病或严重肝病
- 接受过胃旁路手术
- 患胃溃疡、肠道出血、心脏病发作或中风病史
- 对非甾体抗炎药过敏

使用手机摄像头扫描即可获取此讲义的数码副本

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含阿片类(Opioids)止痛药

大多数患者在手术后服用处方止痛药（opioids阿片类药物）来帮助控制急性疼痛。阿片类药物是强效止痛药，如 “oxycodone羟考酮”或 “hydromorphone氢吗啡酮”（Dilaudid）。仅服用阿片类药物来缓解其他方法无法缓解的严重疼痛。一般来说，患者在第一次跟进约见前会停服阿片类药物。 切勿服用超过规定的剂量。

阿片类药物(Opioids)可能导致的副作用

阿片类药物的副作用可能包括恶心、瘙痒及便秘等。服用阿片类药物时，每天需服用大便软化剂或泻药。与食物一起服用阿片类药物可以避免恶心。

如果长期服用，阿片类药物可能会上瘾。尽快减少阿片类药物的使用。对于大多数人来说，在手术后 1 周内即开始减量。称为 “tapering逐渐减量法”。要逐渐减少阿片类药物的剂量、可以：

- 服用较低剂量。例如，可每次服用半粒，而非1 粒。
- 将服用时间隔得更长。如，每 8 小时服用一次，而非每 6 小时服用一次。逐渐减少到每 12 小时服用一次，或仅在晚上服用。

阿片类药物会影响思维，并会导致嗜睡。服用阿片类药物时，请勿：

- 驾车、独自旅行或使用机械。
- 饮酒或服用其他镇静药物。
- 签署法律文件或做出重要决定。

何时需要与诊所联系

如需要帮助控制疼痛或逐渐减少阿片类止痛药的剂量，请联系诊所。许多患者不需要补充阿片类药物。如认为需要补充，请在药物用完前 24 小时与我们联系。

重要提示：

阿片类药物的安全处置

您不需要服完所有的阿片类药物。因此为避免滥用、安全处理余下的阿片类药物是非常重要。

- 要找到安全丢弃药物的投递箱，请访问：*www.takebackyourmeds.org*
- 将它们送到UWMC华大医疗中心的门诊药房大厅，每周7天上午8点至晚上8点

您有疑问吗?

我们很重视您的提问。如您有任何问题或疑虑，请联系您的医生或医疗保健提供者。

门诊时间（周一至周五，上午 8 点至下午 5 点，假日除外）：

如您有任何问题或疑虑，我们建议您通过 EPIC 的MyChart 向您的外科医生发送消息。如果照片有助于解释您的担忧，请附上照片。

或者，您可以拨打 206.598.1217 选项 2 致电再造外科中心。

门诊时间以外的紧急需求：

如您在下班后、周末或节假日有紧急护理需求，请致电 206.598.6190 并要求与值班的整形外科医生交谈

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Pain Control After Reconstructive Surgery

What to expect

UW Medicine
UNIVERSITY OF WASHINGTON MEDICAL CENTER

This handout is for patients who have had reconstructive surgery at University of Washington Medical Center (UWMC).

Scan with your phone camera for a digital copy of this handout.

What to Expect

It is normal to have pain after surgery. As you recover, your pain should slowly get better. Most people have mild to moderate pain during recovery. Our goals are to keep you safe while maintaining a tolerable pain level.

Pain Medicine

After surgery, use over-the-counter (OTC) and prescription pain medicine as prescribed for pain. For example, you might take:

- **Acetaminophen** (Tylenol and others), up to 1,000 mg by mouth every 6 hours.
- One of these *nonsteroidal anti-inflammatory drugs* (NSAIDs)* starting the **day after surgery**:
  - **Ibuprofen** (Advil, Motrin, and others), up to 600 mg every 6 hours as needed, with food.
  - **Naproxen** (Naprosyn, Aleve, and others), up to 500 mg 2 times a day as needed, with food.

Example of OTC Schedule	
Time	**Medication**
9:00 a.m.	**acetaminophen** (up to 1,000 mg)
12:00 p.m.	**ibuprofen** (up to 600 mg)
3:00 p.m.	**acetaminophen** (up to 1,000 mg)
6:00 p.m.	**ibuprofen** (up to 600 mg)
9:00 p.m.	**acetaminophen** (up to 1,000 mg)

* **Important: Do not take NSAIDs if you have:**

- Kidney disease or severe liver disease
- Had gastric bypass surgery
- A history of stomach ulcers, intestinal bleeding, heart attack, or stroke
- Allergies to NSAIDs

Opioid Pain Medicine

Most patients take prescription pain medicine (opioids) after surgery to help control acute pain. Opioids are strong pain medications such as oxycodone or hydromorphone (Dilaudid). Take opioids only for severe pain that is not eased by other methods. Generally, patients are *weaned* off opioids before their first follow-up visit. This means they slowly decrease their dose over time. **Never** take more than the prescribed dose.

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Possible Effects of Opioids

- Opioids have side effects such as nausea, itching, and constipation. Take stool softeners or laxatives each day that you are taking opioid medication. Take opioids with food to avoid nausea.
- Opioids may be addictive if used long-term. Reduce your use of opioids as soon as possible. **For most, this will be within**

1 week of surgery. This is called *tapering*. To taper your opioids you can:

  - Take a lower dose. For example, you might take half a pill at each dose instead of 1 pill.
  - Spread your doses further apart. For example, you might take them every 8 hours instead of every 6 hours. Then, reduce to taking them every 12 hours, or take them only at night.

- Opioids affect your thinking and can make you sleepy. While you are taking opioids, do not:
  - Drive, travel by yourself, or use machinery.
  - Drink alcohol or take other sedating medicines.
  - Sign legal papers or make important decisions.

When to Contact the Clinic

Contact the clinic if you need help controlling your pain or tapering your opioid pain medicine. Many patients do not need a refill of their opioid medicine. If you think you need a refill, contact us 24 hours before you will run out of the medicine.

IMPORTANT:

Safe Opioid Disposal

You do not need to use all your opioid medicine. It is very important to safely dispose of any extra opioid pills to avoid misuse.

- To find a drop box to safely dispose of your pills, visit: *www.takebackyourmeds.org*
- Drop them off at the UW Medical Center Ambulatory Pharmacy lobby, open 7 days a week from 8 a.m. to 8 p.m.

Questions?

Your questions are important. Contact your healthcare provider if you have questions or concerns.

During Clinic Hours (Monday through Friday except holidays, 8 a.m. to 5 p.m.):

We recommend messaging your surgeon through EPIC MyChart. Please include a photo if it would help explain your concern.

You may also call the Center for Reconstructive Surgery at 206.598.1217, option 2.

Urgent Needs Outside of Clinic Hours:

If you have an urgent care need after hours, on weekends, or holidays, please call 206.598.6190 and ask to speak to the plastic surgeon on call.

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