

Pain Control After Reconstructive Surgery

What to expect

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

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 prescription and over-the-counter (OTC) 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)* (wait until 24 hours after surgery if you had a mastectomy):
 - **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.



Scan for a digital copy
of this handout.

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.