CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Managing Pain and Opioids After Surgery

Good pain relief after surgery combines several measures, keeping strong opioids brief to avoid dependence.

Kieran Hirpara 4.0

What it is

Managing pain and opioids after surgery is a plan to keep you comfortable while using the least amount of strong pain medicine possible. Your doctor uses a mix of medicines and techniques that work together. This approach is called multimodal analgesia. It includes non-opioid medicines, local numbing injections, and sometimes devices that help your body heal. The goal is to lower your pain levels and reduce your need for opioids from the start.

This plan is important for everyone having joint or spine surgery. It is especially helpful if you have fibromyalgia or if you take opioids before your operation. Patients with fibromyalgia are more likely to need opioid prescriptions for up to one year after hip arthroscopy. Even non-users can continue taking opioids for 10 to 12 months after elective joint surgery. About 39% of preoperative opioid users continue their use for 10 to 12 months after surgery. Only about 9% of non-users continue. Your doctor tailors the plan to your specific needs to prevent long-term dependence.

The strategy works by blocking pain signals in different ways. Some medicines reduce swelling and inflammation. Others numb the surgical area directly. Some techniques reduce the amount of opioid your body needs to feel relief. For example, certain drugs can lower early pain after hip or knee replacement. Others help reduce nausea and vomiting, which helps you recover faster. By combining these methods, your doctor aims to control your pain effectively without relying solely on opioids. This balanced approach helps you move sooner and go home earlier.

Does it work?

Your doctor will use a mix of medicines and techniques to keep your pain under control. This approach is called multimodal analgesia. It aims to reduce your need for opioids, which are strong painkillers. Research shows that combining different types of pain relief works better than using just one method. For example, giving you a

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steroid during surgery can lower early pain and opioid needs after hip replacement. Taking non-opioid pain medicine before surgery also helps reduce pain scores and opioid use after arthroscopic procedures.

However, not every treatment works for everyone. Some studies found that certain nerve-pain medicines did not reduce opioid use or pain after hip replacement. In fact, one such medicine was linked to more side effects affecting your central nervous system. Other treatments, like adding a specific acid to the local pain injection for knee replacement, reduced pain slightly but not enough for you to notice a real difference in your recovery. Similarly, while a new nanotechnology device helped reduce opioid use and nausea after knee replacement, other factors like your age or how many anchors were used in shoulder surgery can still increase your opioid needs.

Your personal history matters greatly. If you have fibromyalgia, you are significantly more likely to receive opioid prescriptions within 90 days and one year after hip arthroscopy, even though your reoperation rates are similar to others. About 39% of patients who used opioids before elective joint surgery continued using them 10 to 12 months later. In contrast, only 9% of those who did not use opioids before surgery continued afterward. Anxiety levels do not seem to affect opioid use for patients who are new to these medications.

There are also limits to what we know. Many studies on drugs like dexamethasone have fixed doses and lack long-term safety data. We need more research to find the best dosing and monitor safety over a longer recovery period. While some protocols, like a quieter rehabilitation approach for knee replacement, reduce hospital stays and opioid exposure without adding risks, other strategies may not offer clinically meaningful improvements. Your care team will tailor these options to your specific needs, but honest expectations about pain management are essential for your recovery.

Is it right for you?

This approach helps most people manage pain without relying heavily on strong painkillers. Using a mix of different medicines and therapies works well for joint replacements and spine procedures. It also helps after hand and arm surgeries. If you have fibromyalgia, you may need more pain medicine for up to a year after hip surgery. However, your risk of needing another operation remains the same as others.

Your doctor may use special medicines during surgery to lower early pain. Taking pain medicine before surgery can also help. But these steps might not change how you feel enough to matter in the long run. If you already take opioids, you will likely need more of them for the first three days after rotator cuff repair. About 39% of people who took opioids before surgery still use them ten to twelve months later. Only 9% of those who did not take opioids before continue using them.

Older adults often need less pain medicine after shoulder surgery. The number of anchors used in your repair can also affect how much medicine you need. Your social situation may play a role too. People who take opioids before surgery often face more life challenges than those who do not.

This plan is safe for most patients. It reduces the amount of strong painkillers you get in the hospital. The biggest drop happens on the first and second days after your upper extremity fracture surgery. Pain control stays just as good as with traditional methods. Your doctor will tailor this to your needs. Talk with them about what works best for your body and your life.

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The bottom line

You can expect your doctor to use a mix of pain relief methods to keep you comfortable while minimizing opioid use. About 39% of patients who took opioids before surgery still use them 10 to 12 months later, compared to only 9% of those who did not. This highlights the importance of your preoperative habits. While many techniques help, the most critical step is addressing your own opioid use before the operation.

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