

Managing pain after surgery



Most upper-limb post-operative pain is well controlled with regular paracetamol plus an anti-inflammatory, with stronger tablets reserved for the first few days when needed.

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Some pain after surgery is normal and expected. The aim of post-operative pain management is not to feel nothing – it is to feel comfortable enough to sleep, do your exercises, and start moving again.

What pain to expect

Pain is usually worst on the day of surgery and the day after, then improves steadily over the first 1–2 weeks. By 4–6 weeks most patients have only occasional discomfort with activity. Throbbing or aching at night is common in the first week – keeping the arm elevated on pillows often helps.

If your operation was done under local anaesthetic, the area will be numb for around 6–12 hours afterwards – start your regular painkillers before the numbness wears off, not after the pain arrives. After shoulder surgery under a nerve block, the numbness can take up to a week to fully recover, though it usually settles in 1–2 days.

Sharp, electric-shock pains can occur as nerves recover. They are unpleasant but normal and usually settle within a few weeks.

Your discharge painkillers

You will be prescribed painkillers after your procedure. In most cases they are dispensed before you leave hospital; if you are discharged after the hospital pharmacy has closed, you will be given a prescription instead – sometimes sent to your phone by SMS with a printed token in your discharge pack. Any pharmacy can fill it, including the hospital pharmacy.

The prescription has two layers, and they are used differently:

Regular painkillers – take these on schedule, not just when pain peaks:

- **Paracetamol 1 g** (two standard tablets) every 4–6 hours – no more than 4 g (eight tablets) in 24 hours

- **Ibuprofen 400 mg** every 8 hours, with food – unless you have a contraindication such as stomach ulcers or kidney disease, or have been told to avoid anti-inflammatories (your surgeon will tell you if bone healing is a concern)

Breakthrough painkillers – only if pain is not controlled by the regulars:

A stronger painkiller is usually prescribed alongside – most commonly tramadol, tapentadol (Palexia) or oxycodone, and sometimes two of these. Exactly which you receive depends on your anaesthetist, so **take them as directed on your prescription label**. The patterns that hold across all of our anaesthetists' regimens:

- Use breakthrough tablets only when the regular painkillers aren't enough – they are not a substitute for them.
- If you have been given two strong painkillers, start with the milder one; switch to the other if it isn't enough or makes you feel sick.
- At night, one breakthrough tablet before bed is often all that is needed – by the second week, most patients need them only at night, if at all.
- Some patients benefit from a breakthrough dose before hand-therapy or physiotherapy sessions; your therapist will tell you at the first appointment if that applies to you.
- Aim to wind the strong painkillers down through the second week. They cause constipation and drowsiness, and become less effective the longer you take them.

The discharge prescription is deliberately limited. If you think it will not be enough for your recovery, see your GP early after discharge rather than waiting until you run out.

Side effects worth knowing about

- **Constipation** – tramadol, tapentadol and oxycodone all cause it. Eat fibre and drink plenty of water from day one; if that isn't enough, a Movicol sachet once or twice a day settles it.
- **Nausea** – if a strong painkiller makes you sick, switch to the alternative if you have one. If you were given ondansetron at discharge, take one tablet for nausea or vomiting.
- **Drowsiness** – do not drive or make important decisions while taking strong painkillers.

Non-medication strategies

These work surprisingly well alongside the tablets:

- **Ice** – place an ice pack over the wound for 15–20 minutes every hour or as needed in the first week. Never put ice directly on the skin; always wrap it in a bag or towel (see [Heat vs ice](#))
- **Elevation** – keep the hand higher than the elbow, the elbow higher than the heart. Less swelling means less pain
- **Movement** – your prescribed exercises hurt a little but reduce stiffness, which is what makes a joint ache

- **Distraction** – watching something you enjoy genuinely lowers pain perception in the early days

When to call us

- Pain that is getting worse rather than better after the first few days
- Pain not controlled by the medications you've been given
- New severe pain that came on suddenly
- Calf pain or swelling (rare, but a sign of a blood clot)
- Chest pain or shortness of breath – go to the emergency department