



MBSAQIP

Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program
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A Guide for Pain Management After Your Bariatric or Metabolic Procedure

Presented by: Bariatric Surgery Targeting Opioid Prescriptions (BSTOP-D)

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PREPARING FOR YOUR SURGERY

Before Surgery

- **Understand Your Prescriptions**
You may be instructed to take medications prior to surgery. Make sure you understand how much and when to take your medications when the prescription is given to you.

During Surgery

- **Pain Medicine During Surgery**
Your surgeon or healthcare team may perform a “block” or give you a numbing medication during surgery to help lower your pain when you wake up from surgery.

WHAT MEDICATIONS MAY BE USED TO CONTROL MY PAIN?

After Surgery

- **Non-Opioids**
Your surgeon will recommend that you take one or more of these medications on a scheduled basis during your first few days after surgery. Your surgeon may also recommend non-opioid medications when your pain is hard to ignore, is noticeable at rest, and interferes with your usual activities.
Examples: Tylenol (acetaminophen), Celebrex (celecoxib), Toradol (ketorolac).
- **Opioids**
Opioid medication should only be used when your pain is severe. Opioid medications have many side effects.
Examples: Ultram (tramadol), Tylenol #3 or #4 (codeine with acetaminophen), Norco, Vicodin, Lorcet, Hycet (hydrocodone with acetaminophen), Morphine, Dilaudid (hydromorphone), Roxycodone (oxycodone), Percocet, Endocet (oxycodone with acetaminophen).
- **Comfort After Surgery**
It is normal for you to have some pain for a few days after surgery. The goal is to lower the pain so that you are reasonably comfortable (with a pain score of 4 or less out of 10, most of the time). Your pain should be low enough that you can walk and take deep breaths effectively.
- **Non-Opioids and Opioids**
All members of your care team want to help you control your pain safely after surgery. One way they may do this is by using non-opioid medications during your recovery. The goal is to use as little opioid medication as possible to control your pain. If you need stronger pain medicine, it is OK. If your pain is worsening and is not relieved with any medication, you should contact your surgeon or healthcare provider immediately.

Did You Know?

- About **5-6%** of surgery patients who have never taken opioids before their surgery continued to use opioids a year later and this increases to **8-10%** after Bariatric Surgery.
- Anyone who take prescription opioids can become addicted. However, addiction is unlikely when opioids are used for **5 days** or less.
- About **70%** of opioid pills prescribed after a person leaves the hospital are unused after general surgery procedures.

Non-Medication Therapies

- **Complementary Therapies**
Information: Meditation, guided imagery, acupuncture, massage, and music.
- **Rehabilitation Therapies**
Information: Occupational and physical therapy.
- **Exercise**
Information: Stretching, walking, and mild exercise.

Non-Opioid Medications

- **Tylenol (acetaminophen)**
Information: This medication is painkiller and reduces fevers. If you have any liver disease, let the doctor know, so that other pain medications can be used instead.
Side Effects: Liver damage may occur at high doses (over 4,000 mg in 24 hours).
- **Anti-Inflammatory Medication Celebrex (celecoxib), Toradol (ketorolac)**
Information: These medications decrease swelling and pain after surgery. These medications are safe for short-term use after surgery, but **you should not take** any other NSAID, including ibuprofen (Advil, Motrin) or naproxen (Aleve).
Side Effects: Upset stomach.
Serious Risks: Stomach bleeding or ulcers. Because of this risk, your surgeon or doctor may tell you that it is not safe to use these medications, depending on the type of surgery you have and your health history.

- **Nerve Pain Medication Gabapentin (neurontin), Pregabalin (lyrica)**
Information: This medication reduces pain from sensitive nerves. Nerve pain includes sharp and stinging pain.
Side Effects: Dizziness, sleepiness, and blurred vision.

Opioid Medications

- **Ultram (tramadol); Tylenol #3 Or #4 (codeine with acetaminophen); Norco, Vicodin, Lorcet, Hycet (hydrocodone with acetaminophen); Morphine; Dilaudid (hydromorphone); Roxycodone (oxycodone); Percocet, Endocet (oxycodone with acetaminophen)**
Information: These are powerful pain medications, with many serious side effects. Opioids may be used after surgery only when needed for severe pain, but they should not be used first to treat mild or moderate pain.
Side Effects: Nausea (very common), constipation, dizziness, headache, drowsiness, vomiting, itching, respiratory depression (very slow breathing). Your surgeon or doctor may also prescribe you a laxative or stool softener to help with constipation.
Serious Risks: Prescription opioid drug use may lead to misuse, abuse, addiction, overdose (taking too much of the medication), and death from very slow breathing. Your risk of opioid abuse gets higher, the longer you take the medication.

The Benefits of Non-Opioid Pain Medication

- **Less Nausea**
Non-opioid medications do not typically cause nausea, unlike opioid pain medication.
- **Less Constipation**
Opioid pain medications can lead to constipation. This is not a common side effect of non-opioid medication.
- **Effective Method of Pain Control**
Non-opioid medications offer an effective method of pain control after surgery. These medications may be prescribed to you to take at scheduled times after surgery to help.
- **Reduced Risk of Addiction**
Opioid medication prescribed after surgery can lead to addiction. Non-opioids do not have a risk of addiction however.



AFTER YOUR SURGERY

Pain After Surgery

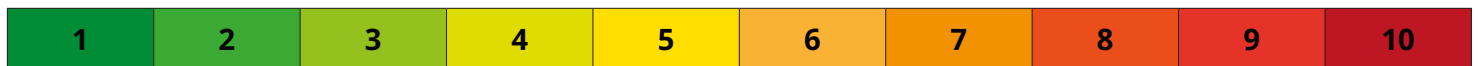
- **Which Medications Should I Take? And How Much?**

When you go home your pain medication plan may include both opioid and non-opioid medications. If you are using opioids for pain at home after surgery, you should be able to taper off of these medications after just a few days and use only non-opioid pain medications.

- **The Numeric Pain Scale**

The number pain scale is used to measure your pain. It can be a helpful tool to track your pain after surgery. Additionally, you can utilize a number pain scale to decide when you may need opioids for severe pain, if prescribed to you.

Numeric Pain Scale



Minor pain does not interfere with daily tasks.

Moderate pain is hard to ignore.

Severe pain makes it hard to take deep breaths and to perform usual activities.

YOUR PAIN MANAGEMENT GUIDE

Work with your surgeon to fill out this form. This form will help you determine which medications you should take for pain after surgery.

How Bad Is My Pain?	What Should I Take for Pain?	Pain Rating Out of 10
Minor Pain		
<p>I hardly notice my pain</p> <p>OR</p> <p>I notice my pain and it bothers me, but I can still do activities (such as walking, sitting up, and standing)</p>	<p><input type="radio"/> Non-Medication therapies</p> <p><input type="radio"/> Non-Opioids, as needed</p> <p><input type="radio"/> Non-Opioids, on a schedule</p> <p><input type="radio"/> Opioids</p>	<p>For me, this type of pain is: _____ /10</p>
Moderate Pain		
<p>My pain is hard to ignore</p> <p>OR</p> <p>My pain interferes with my usual activities</p>	<p><input type="radio"/> Non-Medication therapies</p> <p><input type="radio"/> Non-Opioids, as needed</p> <p><input type="radio"/> Non-Opioids, on a schedule</p> <p><input type="radio"/> Opioids</p>	<p>For me, this type of pain is: _____ /10</p>
Severe Pain*		
<p>I am focused on my pain and am not able to do my usual activities</p> <p>OR</p> <p>I am groaning in pain, and I cannot sleep</p> <p>OR</p> <p>My pain is as bad as it could be and nothing else matters</p>	<p><input type="radio"/> Non-Medication therapies</p> <p><input type="radio"/> Non-Opioids, as needed</p> <p><input type="radio"/> Non-Opioids, on a schedule</p> <p><input type="radio"/> Opioids</p> <p>*Notify the surgical team</p>	<p>For me, this type of pain is: _____ /10</p>

- **Which Medications Should I Take for *Minor Pain***

When I am having mild pain, I will take the following medication at the following time intervals:

- **Which Medications Should I Take for *Moderate Pain***

When I am having moderate pain, I will take the following medication at the following time intervals:

- **Which Medications Should I Take for *Severe Pain***

When I am having a sudden increase or severe pain, I will **notify the surgical team** and take the following medication at the following time intervals:

OPIOID USE LOG

Use this log to keep track of when you used opioid pain medication after surgery. Keep this paper close to where you keep your pain medications and note how many doses you have taken. Your healthcare team will ask for this log at your first postoperative appointment.

Date/Time	Amount I Took In Doses, MLS, or Tablets

INFORMATION ABOUT OPIOID SAFETY

- **When I Need Opioids, How Can I Safely Use Them for Pain?**
 - Use the smallest amount possible for the shortest amount of time.
 - Never take more medication than prescribed.
 - Never mix alcohol with any pain medications.
- **How Should I Store Opioids?**
 - Keep out of reach of children and pets.
 - Hide or lock up your medication.
 - Keep your medication in its original bottle or container so you do not take it by mistake.
 - Keep track of the location and number of pills in the bottle.
 - In the event of an unintended overdose or poisoning, please call Poison Control at 1-800-222-1222.
- **How Should I Dispose of Opioids?**
 - Get rid of your unused opioids as soon as you no longer need them.
 - Find a drug take-back program or verified prescription disposal location to get rid of them.
 - Improper disposal of opioids can result in poisoning, substance abuse, or contamination of water resources.
 - Opioid drugs should not be flushed down the toilet or poured down a drain.
 - Do not give your pain medicines to a friend, family member, or stranger.
 - See your physician if you are in pain.
 - To find a verified prescription disposal location, please visit the following website: <https://apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1>