

**Patient
Information**

Opioids for Acute Pain Relief

Introduction

This leaflet explains what an opioid is and why it is beneficial to some patients who have acute pain.

What is acute pain?

There are several types of pain. Acute pain occurs immediately on or after a physical injury or surgery. It provides the body with a warning signal, that something is wrong. It is important to manage acute pain properly to avoid it developing into long-term chronic pain.

Acute pain can be experienced after an operation, one-off accidents or sports injuries and usually gets better quickly over a few days or weeks.

What is an opioid?

Opioids are morphine-like medications used to relieve acute, severe pain. Opioids should be used in the smallest dose for the shortest period of time. It is usually only needed for the first few days following surgery or a severe injury, to relieve acute pain.

Opioids help to reduce severe pain to a level where you can move, deep breathe and cough comfortably and are often given with regular paracetamol. You may also be advised to take non-steroidal-anti-inflammatory (NSAIDs) medication such as ibuprofen or naproxen (as long as you do not have a history of stomach ulcers, aspirin sensitive asthma or poor kidney function). Paracetamol and NSAIDs can reduce the overall amount of opioid needed and should be taken regularly while you are experiencing acute pain.

Reference No.

GHPI1661_03_24

Department

**Inpatient Pain
Services**

Review due

March 2027

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Immediate release opioids taken by mouth

Morphine and oxycodone are available in liquid and tablet forms. They will take about 30 to 60 minutes to work. The pain relief can last for about 4 hours.

As your pain improves you should increase the time between each dose of the opioid medication then over a few days **stop** taking it.

Other opioids

Tramadol, codeine, co-codamol (contains paracetamol), dihydrocodeine, co-dydramol (contains paracetamol):

These are all pain relief medications used to treat moderate to severe pain. They start to work within 30 to 60 minutes and are usually taken 4 times a day.

Each co-codamol and co-dydramol tablet contains 500mg of paracetamol. **Do not take more than 8 tablets in 24 hours and do not take any additional paracetamol.**

How should I take my opioid medication?

You will be given instructions before leaving the hospital. Please note opioid medication is for the treatment of severe acute pain over a short period of time.

Advice

- As your body begins to heal a little each day, you should take less opioid medicine.
- Do not take additional pain relief containing codeine, dihydrocodeine or tramadol unless advised to do so by your doctor, as you will be more likely to experience side effects such as drowsiness or sedation.
- Do not start taking additional medicines to help you sleep, such as zopiclone or benzodiazepines (diazepam, lorazepam, temazepam) or medicines such as gabapentin and pregabalin (anticonvulsants used to treat some types of burning, shooting or stabbing pain) unless advised by your doctor or if you were taking these before your hospital admission. These medicines increase the risk of drowsiness and sedation.

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- Always take prescribed opioids as instructed by your doctor - never take more doses than advised.
- Always read the directions on the label to see how much to take and how often.
- Do not take a larger dose or take more often than advised on the label.
- When taking liquid immediate release opioids, always use the oral purple syringe provided to measure your dose. After use, wash the syringe with warm soapy water, rinse and leave to dry.
- Never take opioids to help you fall asleep or manage anxiety or distress.

Are there any side effects when taking opioids?

The most common effects in the short term are:

- **Sickness (nausea)** – to help prevent this, try taking your medicine with or just after a snack or meal.
- **Constipation** - make sure you are drinking plenty of water and try to include more high fibre food in your diet unless otherwise advised by the hospital. You may need a laxative if constipation is a problem.
- **Feeling sleepy or dizzy** - this is common. If affected, do not attempt to complete complex tasks, such as operating machinery or even boiling a kettle. **DO NOT DRIVE.**
- **Feeling drowsy or unable to stay awake:**
Do not take any more opioid medication. Contact your GP or NHS 111 for advice.

Driving

Opioid pain medication can affect your ability to drive. It is illegal in England, Scotland and Wales to drive with legal drugs in your body if it impairs your ability to drive safely.

DO NOT DRIVE if you feel sleepy or drowsy.

It is **your responsibility** to make sure that you are safe to drive. Speak to your GP if you are unsure whether you should be driving.

Further information can be found at: www.gov.uk/drug-driving-law

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Can I have an alcoholic drink?

Do not drink any alcohol while taking opioid medication as this could increase drowsiness.

Will I become addicted?

Opioids have a serious risk of addiction, particularly with long term use. Therefore, you should only take opioid medication for a few days, unless advised otherwise by your doctor or prescriber.

It is important that you do not take more opioid medication than you need. **It is unusual to need to take this medication for longer than a week.** If you are still in severe pain after a week, you should contact your GP for advice.

How should I store opioid medicines at home?

- Keep the medication in the original container and store at room temperature in a dry place.
- Keep out of the sight and reach of children.

Never give your medicine to anyone else.

What should I do with any unused opioid medicine?

- Return any unused medication to your local pharmacist for safe disposal.
- Do not flush unused medication down the toilet or throw it away.

Long term effects of opioids

Medical literature suggests that the risks to your health are increased when taking high dose morphine type medication for long periods of time (many months or years). It can cause the following effects:

- Reduced fertility.
- Low sex drive.
- Irregular periods.

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- Erectile dysfunction in men (the inability to keep an erection).
- Reduced ability to fight infection.
- Increased levels of pain.
- Low mood.
- Dependence - the brain becomes reliant on the opioid medication, missing a dose or stopping it abruptly may cause withdrawal side effects.
- Tolerance to opioids: the need for larger doses of opioid to achieve the same level of pain relief.

Reducing your opioid medication

Suddenly stopping opioid pain relief can result in withdrawal type symptoms. These include:

- Shivers
- Diarrhoea
- Difficulty sleeping
- Sweating
- Widespread or increased pain
- Body aches
- Irritability and agitation
- Nausea and vomiting

If you have been taking opioid pain relief for a few days or weeks, you can help to reduce the risk of these symptoms by gradually reducing the amount that you take over a few days.

On the next page is an example schedule for reducing short term use of tramadol, codeine, co-codamol (contains paracetamol), dihydrocodeine, co-dydramol (contains paracetamol) for acute pain.

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For 1 to 3 days	Next (if no withdrawal symptoms) for the following 1 to 3 days	Next (if no withdrawal symptoms) for the next 1 to 3 days
1 to 2 capsules or tablets every 6 hours e.g. breakfast, lunch, dinner, bedtime	1 to 2 capsules or tablets every 8 hours e.g. breakfast, afternoon (2:00pm), bedtime	1 to 2 capsules or tablets every 12 hours e.g. breakfast and bedtime
If you experience withdrawal side effects go back to taking the medication every 6 hours and contact your GP for advice.		

If you have been taking opioids for several weeks, they must be reduced more slowly. **Seek help and advice from your GP or pharmacist.**

If you are worried about any of these problems, please discuss with your healthcare professional (GP, nurse or pharmacist). They will be able to tell you if you are at risk of developing withdrawal symptoms.

Everyone prescribed opioid medicines should have their medication reviewed at regular intervals. If this does not happen, please contact your GP.

Further information

Faculty of Pain Medicine, Royal College of Anaesthetists

Taking opioids for pain

Website: www.fpm.ac.uk/opioids-aware-information-patients/taking-opioids-pain

GOV.UK

Website: www.gov.uk/guidance/opioid-medicines-and-the-risk-of-addiction

Drug Driving Law

Website: www.gov.uk/drug-driving-law

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<https://livewellwithpain.co.uk/>

Tramadol patient information NHS

Website: www.nhs.uk/medicines/tramadol/

Gloucestershire Hospitals NHS Foundation Trust

Courtesy of Tasmanian Health Service

www.gloshospitals.nhs.uk/media/documents/tazzypersistentpainbooklet.pdf

References

Opioids for Acute Pain Relief, Pharmacy Department, Dorset County Hospital

Opioids: Risk of dependence and addiction GOV.UK

<https://www.gov.uk/drug-safety-update/opioids-risk-of-dependence-and-addiction>

Taking opioids for pain - Faculty of Pain Medicine Royal

College of Anaesthetists: <https://www.fpm.ac.uk/opioids-aware-information-patients/taking-opioids-pain>

The Medicines and Healthcare products Regulatory Agency (MHRA) Drug safety update September 2020 Opioids: risk of dependence and addiction

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/920770/Sept-2020-DSU-PDF.pdf

Content reviewed: March 2024

Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84:379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>