



POST-OPERATIVE PAIN

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This information is a general overview on management of pain after surgery. It may not necessarily pertain to your case and is only a guide to what to expect and how to manage pain. Every patient recovers in a different way after surgery, to some people the pain is tolerable with minimal medication and to other people, it is not tolerable despite pain medication.

If you are concerned about your level of pain, we advise you seek medical assessment, which should be your local GP during office hours and the Emergency Department after hours. An alternative is Nurse-on-call (1300 60 60 24) for health advice 24 hours a day. Whilst Dr Chow is happy to provide general advice over the phone, it is difficult for her to fully assess the severity of pain and your clinical condition without a face-to-face medical review. Dr Chow's preference is that you present to the **Austin Hospital ED** as there is an Ear Nose Throat oncall doctor 24 hours a day who can attend to you more promptly, but in an emergency, please go to your closest emergency department.

Most patients will experience pain for a few weeks. Do not overdose on pain killers. Dr Chow recommends

Regular painkillers

1. paracetamol 4 times a day
2. Nurofen 4 times a day or ibuprofen 3 times a day, with food

As needed (stronger pain killers – will require written prescriptions)

1. oxycodone every 4 hours as required
2. tramadol every 6 hours as required
3. substitute paracetamol for panadeine (which you can buy without a prescription) or panadeine forte every 6 hours as required

Painkillers are best given before the pain gets bad and not after it reaches a peak. Pain may lessen in the first few days but often returns worse. Throat pain can cause earache.

If you are running low on strong pain killers, either see your GP or call Dr Chow's office during business hours to obtain a new prescription sooner rather than waiting until you are down to the last 1-2 tablets. Strong pain killers (narcotics) such as Endone/oxycodone, require an original hand written script by law. A faxed or emailed copy is NOT accepted by the pharmacy. *Dr Chow is not always in her office and may not be able to attend to scripts at very short notice.*

For 3 weeks before surgery, avoid aspirin, anti-inflammatories, vitamin E, garlic and Ginkgo biloba as these can impair clotting.

Whilst taking stronger painkillers will improve the pain, there are known side effects to these drugs including nausea, vomiting, drowsiness, slowed breathing and constipation. It is important to encourage hydration +/- laxatives if constipation becomes a significant problem. A balance needs to be made between taking too many strong pain killers and dealing with the side effects vs minimising strong pain killers but a possibility of increased pain.

Tonsillectomy

Eating normal food/fluids and continuing to chew will encourage healing and reduce muscle stiffness and pain after tonsillectomy. In addition, cold food/ice will reduce swelling of the throat and soothe pain. Sometimes, a steroid tablet is required to reduce the swelling further.