Pain management for Knee Replacement – After hospital discharge

KEY POINTS

- This can be a very painful surgery to recover from but the aim is to reduce your pain to a level that allows you to walk and perform most usual daily activities soon after discharge without too much discomfort
- Pain may increase following discharge from hospital with the 1st 2 weeks being a high risk period for severe pain
- Most patients benefit from taking a balanced selection of pain medications including strong opioids during the first 2-6 weeks
- Significant side effects from the pain medications may be experienced but a good understanding of your pain medications should help you manage your pain and reduce the risk of unpleasant side effects
- On discharge you will be provided ~2 weeks supply of pain medications
- At the dressing clinic appointment at 2 weeks a further script can be obtained
- If you are not attending the dressing clinic you will need to book into your GP to arrange for review of your pain medications BEFORE you run out
- You will see your surgeon at about 6 weeks
- Taking opioid medication long term (beyond 3 months) is not a good idea
- If you are struggling to reduce opioid medication you may benefit from a consultation with a pain specialist

HOW SORE WILL MY KNEE FEEL?

- Generally when you are resting your joint should feel relatively comfortable
- Pain will increase with activity. Physiotherapy exercises and bending the knee is likely to be the most painful.
- You pain management needs to be good enough to allow you to walk reasonable distances and perform normal daily activities
- Pain at night and sleep disturbance may persist for several months, but improves

WHAT SHOULD I DO IF MY PAIN BECOMES SEVERE?

- Reduce your activity, rest and elevate the leg
- Apply ice packs
- Modify or postpone any physiotherapy that may be exacerbating the pain
- Review your pain medications and take extra pain relief when needed to allow you to get comfortable and ambulant again
- If you cannot get adequate relief despite these measures contact your GP or surgeon

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PATIENT INFORMATION SHEET

WHAT MEDICATIONS SHOULD I TAKE?

You and your doctor will work out what is best for you but below is a list of common pain medications with some possible important side effects. The aim is to take a selection of different pain medications initially to improve pain control and reduce side effects and allow you to get on with your daily activities. As your pain improves, aim to reduce your strong pain medications (OPIOIDS) first in a gradual manner (~50% per week). Lyrica, tramadol and anti-inflammatories if you tolerate these can be continued safely until you stop taking opioids. All opioids should be discontinued as soon as your pain is well controlled, ideally within 6 weeks of operation but certainly by 3 months. If you are still taking opioids at 3 months, longer term addiction and other chronic pain issues are possible.

HOW DO I REDUCE OR 'TAPER' STRONG OPIOIDS ?

- The aim is to reduce then stop these medications completely
- This should commence once you are no longer experiencing severe pain
- The reduction should be gradual
- Aim to reduce your daytime dose initially by ~25-50% per week until no longer taking any opioids during the day
- If you experience setbacks you can temporarily increase your opioid use and start to reduce again when you feel ready usually within a week
- It may be more difficult to cease at night and usually better to work on this once you have significantly reduced your daytime use.
- Opioids have different durations of action, such as Palexia SR (slow release) and IR (immediate release). The SR tablet has a slower onset but lasts longer whereas the IR tablet works quickly but doesn't last long.
- Typically a SR tablet is prescribed twice a day to provide 'background' pain relief with the IR tablet available if this is insufficient or in pain ramps up after exercise (breakthrough pain). The SR tablet is usually continued until the IR tablets are no longer needed. However you may find a preference for one tablet over the other and provided you understand the difference between the tablets you should be able to judge which combination is better for you.
- Side effects are listed below and are very common at higher doses. Also be aware that the SR tablets may have side effects that persist longer.
- Taking opioids at night may help with obtaining a good nights sleep which will help with daytime pain management also
- Continuing or adding lyrica at night may help you reduce your opioid requirements and assist with sleep but taking lyrica during the day may make you feel drowsy and cause visual disturbance which is fully reversible when you stop taking it
- Adding or substituting opioids with tramadol or codeine preparations such as panadeine forte may help but be careful not to take both panadeine forte and panadol as both contain paracetamol. Side effects such as nausea or constipation may also be a problem with these tablets.

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MEDICATION	DOSE	DURATION	SIDE EFFECTS
PARACETAMOL	1g x4 times per day	6-12 weeks until needing no other pain medications	Nil serious within normal dosing (do not exceed 4g per day)
ANTI-INFLAMMATORIES (Mobic, Celebrex, voltaren, neurofen...)	Mobic (Meloxicam) 15mg daily Celebrex 100-200mg twice daily	2 weeks minimum Up to 6 weeks OK but if > 6 weeks: Consult with GP	Stomach upset Kidney problems Internal bleeding (rare)
LYRICA (Pregabalin)	25-75mg once or twice daily	2-6 weeks May be more useful at night	Drowsiness Confusion Visual changes Constipation
TRAMAL SR (Tramadol)	50-100mg twice daily	2-6 weeks	Nausea Confusion
OPIOIDS			
PALEXIA SR (Tapentadol) (slow release) **PALEXIA IR (Tapentadol) (immediate release)** **TARGIN (Oxycodone/naloxone)** **ENDONE (Oxycodone)**	50-200mg twice daily 50mg every 6 hours as needed 1 tablet twice daily 5-10mg every 6 hours as needed	2-6 weeks usual 6-12 weeks less common More than 12 weeks undesirable ↓ CONSULT WITH PAIN SPECIALIST	<u>Short term</u> Nausea Constipation Dry mouth Drowsiness Confusion Itch <u>Longer term</u> Increasing pain Loss of effect of medication Risk of infections Chronic pain Addiction

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