

Responsibly Using Opiates After Surgery

Opioid medications—often called opiates—play an important role in managing moderate to severe pain after surgery. When used correctly, they can improve comfort, allow earlier mobility, and support recovery. However, opioids also carry significant risks, including dependence, overdose, and long-term misuse. Responsible use after surgery requires careful prescribing, patient education, and active participation by the patient in following safe pain-management practices.

The Role of Opiates in Postoperative Pain Control

After surgery, pain can interfere with breathing, movement, sleep, and wound healing. Opioids such as morphine, oxycodone, or hydrocodone work by binding to opioid receptors in the brain and spinal cord, reducing the perception of pain. For short-term postoperative use, these medications can be effective when non-opioid options alone are insufficient. Importantly, opioids should be viewed as one component of a broader pain-management plan rather than the sole treatment.

Using the Lowest Effective Dose for the Shortest Time

One of the most important principles of responsible opioid use is limiting both dose and duration. Most postoperative pain improves significantly within a few days, and opioids are often only necessary during this early period. Patients should take opioids only as prescribed, avoid taking extra doses, and stop them as soon as pain can be controlled with safer alternatives such as acetaminophen or nonsteroidal anti-inflammatory drugs (NSAIDs), if approved by their surgeon. Taking opioids “just in case” or for mild discomfort increases risk without meaningful benefit.

Combining Opioids With Non-Opioid Strategies

Multimodal pain management is a cornerstone of responsible opioid use. This approach combines medications and techniques that work through different mechanisms, reducing the need for opioids. Non-opioid medications, ice or heat therapy, elevation, physical therapy, relaxation techniques, and adequate sleep can all reduce pain. When opioids are combined with these strategies, patients often require lower doses and for a shorter time.

The vast majority of pain generally comes from 1 of 5 sources:

- Inflammation-treated with NSAIDs and steroids
- Muscle-treated with PT and muscle relaxants
- Nerve-treated with nerve medications and sometimes steroids
- Bone-treated with NSAIDs and surgery
- Visceral-treat the underlying cause (chest pain, intestinal dissension pain, etc)

By identifying the main anatomic source of the pain, we can more effectively target the pain and reduce it without creating treatment toxicity (side effects and addiction)

Note that nowhere in the above list are narcotics. Narcotics only treat your perception of pain, they don't treat the source of the pain in your body. While narcotics are sometimes necessary, we want to treat the source of the pain, not just your perception of it. After surgery; where we cut on you, drilled bone and created bruising and bleeding; you will need some opiates, but we should also treat the source of the pain as described above. Also remember basic remedies such as heat, ice packs, gentle stretching and just doing something fun to distract you. Positive non depressive behavior goes a long way towards helping you heal and reduce pain.

Understanding and Managing Risks

Opioids can cause side effects such as constipation, nausea, drowsiness, and slowed breathing. More serious risks include dependence and addiction, especially with prolonged use. Patients should avoid alcohol, sedatives, or other medications that depress breathing while taking opioids unless explicitly approved by their healthcare provider. They should also be aware of warning signs such as excessive sleepiness, confusion, or difficulty breathing and seek medical help immediately if these occur.

Communication With Healthcare Providers

Open communication is essential for safe opioid use. Patients should discuss their pain levels, side effects, concerns about addiction, and personal or family history of substance use with their healthcare provider. If pain is not improving or opioids seem less effective over time, this should be reported promptly rather than increasing the dose independently. Clear guidance on tapering and stopping opioids helps reduce withdrawal symptoms and promotes safer recovery.

Conclusion

Surgery hurts. The surgeon damages tissue, creates bleeding and bruising, and places implanted hardware. All of this causes real pain and we should treat that. Opiates can be valuable tools for managing postoperative pain when used responsibly. By taking the lowest effective dose for the shortest necessary time, combining opioids with non-opioid pain strategies, understanding risks, and practicing safe storage and disposal, patients can benefit from pain relief while minimizing harm. Responsible opioid use after surgery is a shared responsibility between patients and healthcare providers, supporting recovery while protecting long-term health and safety.