

But I'm in pain! How can I wean off my pain pills?

“Pain pills” or opioids used to treat pain are a double edged sword, especially if you are about to undergo surgery. People who are taking opioids before surgery, particularly in high doses, have longer recovery times, more post-operative complications, increased odds of re-hospitalization, higher costs, and are more likely to develop chronic pain after surgery. The body develops tolerance to the pain-relieving effects of opioids, so that after a time they don't work as well. People say they've become “immune” to them. As a result, pain caused by surgery may be harder to control with opioids.

Opioids also have side effects that may interfere with post-operative healing and increase pain:

- Constipation
- Immune system suppression
- Slowed breathing, which is particularly dangerous when opioids are combined with tranquilizers such as Xanax, Valium, Klonopin, Ativan
- Post-operative paralysis of the gut (ileus)
- Disrupted sleep leading to more pain the following day
- Possible “opioid induced hyperalgesia” – a situation in which opioids actually make pain worse.

What can I do instead?

- Ask your doctor how you can wean off of some if not all of your opioids prior to surgery
- Ask your doctor to prescribe medications other than opioids that help with pain such as:
 - Gabapentin
 - Effexor, Cymbalta, or other drugs of that class
 - Low dose doxepin at bed time
 - Tylenol or NSAIDs (anti-inflammatory drugs such as Motrin or Aleve)
- Help that doesn't come in pill form:
 - Relaxation training
 - Meditation
 - Guided imagery
 - Biofeedback
 - Distraction

Remember: you CAN tolerate a potentially higher level of discomfort prior to your surgery knowing that it will speed your post-operative recovery and make your post-operative discomfort less and easier to manage.

Reference: Jennifer F. Waljee, David C. Cron, Rena M. Steiger, Lin Zhong, Michael J. Englesbe, Chad M. Brummett. **Effect of Preoperative Opioid Exposure on Healthcare Utilization and Expenditures Following Elective Abdominal Surgery.** *Annals of Surgery*, 2017; 265 (4): 715