



**Northumbria Healthcare**  
NHS Foundation Trust

# Medicines information for patients after surgery

Issued by the surgical pharmacy team

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[www.northumbria.nhs.uk](http://www.northumbria.nhs.uk)

## Purpose

The purpose of this leaflet is to help you understand about medicines you may receive following surgery. Treatment is always planned for you on an individual basis and will vary according to the type of surgery. Your experience may differ slightly from the information given.

**Please also consult the manufacturers information leaflet supplied with your medicines.**

If you have any questions about your medicines, please speak to a member of the pharmacy team or ward staff.

## Section 1: before surgery

Most medicines that are normally taken at home are continued as usual until your admission to hospital and throughout your hospital stay.

At your pre-assessment appointment the nurse practitioner or member of the pharmacy team will have advised you if any medicines need to be stopped temporarily before surgery. Please follow the instructions you have been given carefully to ensure there are no problems when you are admitted.

## Do I need to bring in my own medicines on admission?

It is important that you bring in any medicines that you normally take at home including any medicines that you may have been asked to temporarily stop before surgery.

Where possible please bring in your medicines in their original containers, ensuring that the name, dose and directions of the medication are included. If your medicines are filled into a dosette box by a community pharmacist then please bring this in so we can confirm your medicines.

Ensure that you have at least two weeks supply of any medicine and ensure you have more at home for when you are discharged.

When you are admitted remember to tell the pharmacy team, doctor or nurse about any changes to your medication since your pre-assessment appointment. This includes new medicines, stopped medicines and changes in doses.

After surgery, there may be some temporary changes to your regular medicines which you will be informed about.

You will also be prescribed some new medicines. These may be to reduce pain or to reduce the complications following surgery. Some of the medicines you may receive are detailed below.

## **Section 2: pain relief**

A combination of medicines may be used to reduce pain after surgery. You should take your pain relief as soon as possible and continue the treatment regularly rather than waiting until you are in pain. As your pain improves, the stronger pain relief can be gradually reduced.

If you are started on strong pain relief then this is only used short-term and will not be continued by the GP once the course is complete.

## Paracetamol

<p><b>What is it for?</b></p> 	<p>To help reduce your pain after surgery.</p> <p>It is helpful against mild pain but also helps against moderate or severe pain when taken with stronger pain relief.</p>
<p><b>How do I take it?</b></p> 	<p>Take <b>TWO</b> tablets <b>FOUR</b> times a day.</p> <p>Prevents pain coming on if taken regularly.</p> <p>The maximum number of tablets that you may take in 24 hours is 8 tablets.</p>
<p><b>Common side effects?</b></p> 	<p>Side-effects are rare. Some patients may develop a rash.</p> <p>It is important to keep to the prescribed dose as too much can cause liver damage.</p>
<p><b>Anything else?</b></p> 	<p>Paracetamol is also contained in other pain medicines (e.g. co-codamol) and some cold remedies.</p> <p>Always check first that it is safe to take any other medication with your doctor, nurse or pharmacist.</p>

## Weaker opioid pain relief, e.g. Codeine phosphate

**What is it for?**



To help reduce your pain after surgery.

It is helpful against moderate pain.

**How do I take it?**



The dose will depend on the drug prescribed. Take as needed if you have pain or are going to do something that brings on pain.

**Common side effects?**



- Nausea / feeling sick
- Drowsiness /dizziness
- Constipation
- Dry mouth
- Confusion
- Itching

**Anything else?**



Tell the doctor or nursing staff if you feel that the pain relief is not working or is too strong so we can find the right combination for you.

These drugs can be addictive if taken for too long. We advise that you will only need to take these for a short period of time (up to a week). If you are still having considerable pain beyond this time you should speak to your GP.

## Strong regular opioid pain relief e.g. oxycodone

<p><b>What is it for?</b></p> 	<p>To help reduce your pain after some types of surgery, e.g. joint replacement</p> <p>It is helpful against severe pain.</p>
<p><b>How do I take it?</b></p> 	<p>You may be given strong pain relief <b>TWICE</b> a day for a few days. These will be switched to weaker opioids as soon as possible.</p> <p>You can ask for extra pain relief in between doses if you have pain. This is given as a liquid.</p>
<p><b>Common side effects?</b></p> 	<ul style="list-style-type: none"><li>• Nausea / feeling sick</li><li>• Drowsiness /dizziness</li><li>• Constipation</li><li>• Dry mouth</li><li>• Confusion</li><li>• Itching</li></ul>
<p><b>Anything else?</b></p> 	<p>Tell the doctor or nursing staff if you feel that the pain relief is not working or is too strong so we can find the right combination for you.</p> <p>These drugs can be addictive if taken for too long. They are only recommended for short-term use. Your GP will not continue them after discharge.</p>

## Strong 'when needed' opioid pain relief e.g. morphine

<p><b>What is it for?</b></p> 	<p>To help reduce your pain in the first few days after surgery.</p> <p>It is helpful against severe pain.</p>
<p><b>How do I take it?</b></p> 	<p>In between doses of paracetamol to provide extra pain relief during the day if you need it.</p> <p>The doctor will decide which dose is best for you.</p> <p>This will be switched to weaker opioids as the pain improves.</p>
<p><b>Common side effects?</b></p> 	<ul style="list-style-type: none"> <li>• Nausea / feeling sick</li> <li>• Drowsiness /dizziness</li> <li>• Constipation</li> <li>• Dry mouth</li> <li>• Confusion</li> <li>• Itching</li> </ul>
<p><b>Anything else?</b></p> 	<p>Tell the doctor or nursing staff if you feel that the pain relief is not working or is too strong so we can find the right combination for you.</p> <p>These drugs can be addictive if taken for too long. We advise that you will only need to take this for a short period of time and should switch to weaker opioids, e.g. codeine, as soon as possible. On discharge you may be given both morphine and codeine. Do not take them both together.</p>

# Gabapentin

**What is it for?**



To help reduce your pain after joint replacement only if severe pain persists despite paracetamol and opioids.

**How do I take it?**



Take **ONE** capsule (300mg) **TWICE** a day either until discharge or for a maximum of **TEN** days.

**Common side effects?**



Side effects are common so patients are only given this when other painkillers have not worked.

- Nausea / feeling sick
- Drowsiness / dizziness
- Dry mouth / throat
- Muscle twitching
- Visual disturbances

**Anything else?**



Gabapentin is not suitable for everyone. If you experience any side-effects, please tell the doctors or nursing staff.

These painkillers are only recommended for short-term use. Unless you were taking this medication before coming into hospital, your GP will not continue after you have completed the course.

## Non-steroidal anti-inflammatory drugs (NSAIDs) e.g. naproxen, ibuprofen

What is it for?



To help reduce pain by reducing inflammation

How do I take it?



### **Ibuprofen**

Take ONE 200mg or 400mg tablet THREE times a day

### **Naproxen**

Take ONE 500mg tablet TWICE a day

Anti-inflammatories should be taken with or just after food.

Common side effects?



- Nausea
- Rashes
- Indigestion / heartburn
- Stomach pain which may be due to bleeding and / or ulceration

Anything else?



Anti-inflammatories are not suitable for everyone. If you have ever had issues with:

- Severe indigestion
- Bleeding from the stomach
- You suffer from asthma
- Have known kidney disease

Please seek advice from the ward staff.

## Section 3: medicines to reduce side-effects of pain relief

A number of other medicines may be prescribed to help minimise or treat any side-effects that you may experience from your pain-relieving medication. This includes:

- Laxatives
- Anti-sickness medicines
- Stomach –protecting medicines

### Laxatives e.g. senna, laxido, docusate

**What is it for?**



To treat constipation.

Constipation is common after surgery.

It may be caused by the opioid painkillers that are given to control your pain.

It can also be caused by being dehydrated and not being as mobile after your surgery.

**How do I take it?**



**Senna**

Take TWO tablets at NIGHT.

**Docusate**

Take TWO capsules TWICE a day.

**Laxido**

ONE or TWO sachets a day.

**Common side effects?**



- Stomach cramps
- Diarrhoea

**Anything else?**



Drinking plenty of fluids and mobilising after surgery can also help prevent constipation.

## Anti-sickness medicines e.g. ondansetron, cyclizine, metoclopramide

**What is it for?**



To prevent or treat nausea and vomiting after surgery

**How do I take it?**



The dose will depend on the medicine prescribed. It may be given by either tablet or injection. If your nausea or vomiting does not settle after a dose, tell the nursing staff and they can try an alternative.

**Common side effects?**



Varies according to medicine used, but may include:

- Dry mouth
- Drowsiness
- Headache,
- Constipation
- Diarrhoea
- Uncontrollable movements
- Tremors

**Anything else?**



Patients do not normally need anti-sickness medication to go home with.

## Acid-reducing drugs e.g. lansoprazole, omeprazole

### What is it for?



To reduce risk of stomach side-effects when taking anti-inflammatories.

### How do I take it?



Take **ONE** capsule each day

### Common side effects?



- Dizziness
- Abdominal pain
- Constipation or diarrhoea
- Confusion

### Anything else?



Once anti-inflammatories are stopped then these can also be stopped.

## Section 4: medicines to reduce the risk of complications from surgery

The main risks from surgery include blood clots and infection. You may be prescribed a number of medicines to help reduce this risk depending on the type of surgery undertaken.

Antibiotics may be given by injection just before your operation to prevent infection. Despite these injections, some patients may develop wound infections. It is important to complete the course of any antibiotics you are given. Antibiotics commonly cause nausea, diarrhoea and rashes. If you suspect you are suffering from side-effects please inform a member of ward staff or discuss with your GP if the effect is experienced after discharge.

It is important that you make the ward staff aware of any allergies you have had in the past, especially penicillin allergies.

## Blood thinning injections, e.g. Tinzaparin, enoxaparin

<p><b>What is it for?</b></p> 	<p>To reduce the risk of you developing a blood clot after surgery.</p>
<p><b>How do I take it?</b></p> 	<p>By injection <b>ONCE</b> a day between 3pm and 6pm. The nurse will advise you on the dose before discharge as this can vary depending on the patient. You will also be advised on how long you will need to have them which will depend on the type of surgery.</p>
<p><b>Common side effects?</b></p> 	<ul style="list-style-type: none"> <li>• Bruise and / or bleed more easily</li> <li>• Rash at the injection site</li> </ul>
<p><b>Anything else?</b></p> 	<p>Separate leaflets are available for more information including how to self-administer injections. Speak to a doctor urgently if you develop any of the following symptoms:</p> <ul style="list-style-type: none"> <li>• Breathlessness/chest pain</li> <li>• Coughing up phlegm with blood in it</li> <li>• Leg pain and swelling</li> <li>• Unexplained or excessive bruising /bleeding</li> </ul>

# Aspirin

<p><b>What is it for?</b></p> 	<p>To reduce the risk of you developing a blood clot after hip or knee joint replacement surgery.</p>
<p><b>How do I take it?</b></p> 	<p>Take <b>ONE</b> tablet <b>ONCE</b> a day. You will be advised how long to continue with aspirin. Hip replacements: for 28 days Knee replacements: for 14 days Take with or just after food, or a meal.</p>
<p><b>Common side effects?</b></p> 	<ul style="list-style-type: none"><li>• Bruise and / or bleed more easily</li><li>• Chest tightness</li><li>• Stomach upset</li></ul>
<p><b>Anything else?</b></p> 	<p>If you are unable to take aspirin then you will be given tinzaparin or enoxaparin instead. Speak to a doctor urgently if you develop any of the following symptoms:</p> <ul style="list-style-type: none"><li>• Breathlessness/chest pain</li><li>• Coughing up phlegm with blood in it</li><li>• Leg pain and swelling</li><li>• Unexplained or excessive bruising /bleeding</li></ul>

## Octenisan wash

<p><b>What is it for?</b></p> 	<p>An antibacterial wash lotion for hair and body that can help prevent infection by reducing and possibly removing micro-organisms including MRSA.</p>
<p><b>How do I take it?</b></p> 	<ul style="list-style-type: none"><li>• Use as a liquid soap all over the body once a day for 5 days and, if possible, hair on alternate days.</li><li>• For planned surgery, start using 3 days before surgery and continue 2 days after surgery</li><li>• Applied to wet skin and hair paying particular attention to nose, armpits and groin.</li><li>• Leave for one minute before rinsing and drying with a clean towel.</li></ul>
<p><b>Common side effects?</b></p> 	<p>Octenisan is suitable for most skin types including very sensitive skin.</p> <p>Most people do not experience problems.</p> <p>Rarely mild skin irritation may occur. Stop if becomes severe.</p>
<p><b>Anything else?</b></p> 	<p>Inform nursing staff if you have had a previous severe reaction to Octenisan.</p> <p>You will have been swabbed at pre-assessment or when you were first admitted. If these swabs are clear, then treatment may be stopped early.</p>

## Mupirocin 2% nasal ointment

<p><b>What is it for?</b></p> 	<p>An antibacterial nasal gel for the nose that can help prevent infection by reducing and possibly removing micro-organisms including MSSA.</p>
<p><b>How do I take it?</b></p> 	<ul style="list-style-type: none"><li>• Wash and dry your hands.</li><li>• Place a small amount of gel onto your finger (about the size of a match stick end).</li><li>• Apply to the inside of both nostrils.</li><li>• Take care not to introduce too deep into the nostrils.</li><li>• Press the sides of the nose together to spread the gel.</li><li>• Wash and dry your hands.</li><li>• Use twice a day for 5 days.</li></ul>
<p><b>Common side effects?</b></p> 	<p>You may be able to taste the nasal gel.</p> <p>Most people do not experience problems.</p> <p>Rarely mild skin irritation may occur. Stop if becomes severe.</p>
<p><b>Anything else?</b></p> 	<p>Inform nursing staff if you have had a previous severe reaction to Mupirocin.</p> <p>You will have been swabbed at pre-assessment or when you were first admitted. If these swabs are clear, then treatment may be stopped early.</p>

## Ferrous sulfate tablets

<p><b>What is it for?</b></p> 	<p>To help reverse anaemia that can occur as a result of blood loss following surgery.</p> <p>Some patients may be asked to take these <b>BEFORE</b> surgery if their blood count is low. Alternatively, patients may be given an iron injection to boost their blood.</p>
<p><b>How do I take it?</b></p> 	<p>Take <b>ONE</b> tablet <b>THREE</b> times a day</p> <p>Take with or after food.</p>
<p><b>Common side effects?</b></p> 	<ul style="list-style-type: none"><li>• Nausea</li><li>• Constipation</li><li>• Bowel motions can look black in colour</li></ul>
<p><b>Anything else?</b></p> 	<p>Most patients will not require iron to be continued long term.</p> <p>Ask your GP to review whether it needs to be continued once you have completed your supply.</p>

## Section 5: discharge

### What medication will I be given at discharge?

When you are discharged you will be supplied with those medicines newly started in hospital. It is important that you make sure you have a good supply of all your usual medication at home to use once you are discharged. Most of the new medication you are discharged with will only be short-term use.

### What do I do if I take the medicines incorrectly?

If you accidentally take more pain medication than is recommended then seek medical advice. Contact your local GP/community pharmacist in daytime hours or NHS 111 out-of-hours and they will give you advice on what to do.

## Contact Numbers

Switchboard 0344 811 8111 then ask for extension of ward below:

### **Hexham General Hospital**

Corbridge Road

Hexham

NE46 1QJ

Ward 3 ext. 35474

### **North Tyneside General Hospital**

Rake Lane

North Shields

NE29 8NH

Ward 7 ext. 34364

Ward 8 ext. 32025

### **Wansbeck General Hospital**

Woodhorn Lane

Ashington

NE63 9JJ

Ward 10 ext. 33107

Ward 11b ext. 36196

### **The Northumbria Hospital**

Northumbria Way

Cramlington

NE23 6NZ

Ward 1 ext. 72001

Ward 15 ext. 72335







## Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on 03 44 811 8118.

## Other sources of information

### NHS 111

### NHS Choices

[www.nhs.uk/pages/homepage.aspx](http://www.nhs.uk/pages/homepage.aspx)

### NICE (National Institute for Health and Clinical Excellence)

[www.nice.org.uk](http://www.nice.org.uk)

### Patient Advice and Liaison Service (PALS)

Freephone: 0800 032 0202

Text: 07815 500015

Email: [northoftynepals@nhct.nhs.uk](mailto:northoftynepals@nhct.nhs.uk)

### Northumbria Healthcare NHS Foundation Trust

General Enquiries 03 44 811 8111

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