Illinois Surgical Quality Improvement Collaborative 633 North St. Clair Street - 20th Floor

Chicago, IL 60611 Phone: (312) 694-7742



Setting Appropriate Expectations for Postoperative Pain: Best Practices

- 1. Surgery is painful, but current pain management techniques are very good and the pain is temporary. It is normal for patients to be very worried about pain after surgery. It is important to focus on the knowledge that the pain will improve in a few days and that we can usually manage post-operative pain very well.
- 2. The goal of controlling pain is to restore function. It is important for patients not to focus on getting their pain score down to zero. Instead, the goal of pain control is to allow for restoration of function. Providers must work with patients to achieve safe pain relief that allows patients to actively participate in their recovery (e.g., physical therapy).
- 3. Two way communication between patients in providers is essential. Pain control expectations, patient participation, and surgical outcome are linked together. Poor communication and treatment of pain can impair physiologic function, psychological well-being, and quality of life. It is important to stress that patients take an active role in their recovery and work through expected pain to achieve the best possible outcome.
- 4. Patients should be open to opioid adjuncts. The perioperative team may suggest medications (e.g., gabapentin) or procedures (e.g., nerve blocks) the patient may not be familiar with. The surgical team can reinforce that keeping an open mind about adjunct treatments could improve pain.
- 5. Pain management expectations do not end at hospital discharge. Recovery can take weeks or even months, and the patient's baseline pain may be altered during that time period. Surgery is not a quick fix; it takes dedication and work on the patient and provider sides.
- 6. Limiting preoperative opioids is in the best interest of the patient. By limiting opioids preoperatively, there is greater ability to safely increase dosage to address acute postoperative pain. If your patient is on chronic opioids, consider working with their primary care doctor or pain management doctor to limit their current regimen prior to surgery.