You are in the early stages of recovering from surgery. We are sharing this information now to help you prepare for your long-term health and a successful recovery.

- You probably still have some pain, and may be using opioid medicine for pain. These medicines are also called narcotics. Examples of opioid medicine include:
  - Oxycodone (Roxicodone, OxyContin, Percocet, Oxyfast)
  - Hydrocodone (Norco, Lortab, Vicodin)
  - Hydromorphone (Dilaudid)
  - Tramadol (Ultram)
  - Morphine
  - Codeine (Tylenol with Codeine)
  - Fentanyl Patch (Duragesic)
  - Methadone (Dolophine)
  - Oxymorphone (Opana)

- Opioid medicines can decrease pain but likely won’t remove all your pain.
- Most people do best if they stop taking opioid medicine entirely 10-12 weeks after surgery. For people who were taking the medicine before surgery, the goal is to cut down to the pre-surgery amount or below it.

Using more opioids, or using them longer than you need, can do more harm than good:
- Over time, opioids can actually heighten pain sensation.
- If your body becomes dependent on opioid medicine, there may be unpleasant symptoms. These symptoms include restlessness, irritability, muscle and bone pain, insomnia, sweating, diarrhea, and vomiting. Your pain also may increase when it is time for the next dose of medicine.
- Long-term use of opioids can cause changes in sex hormones. This may lead to reduced sexual desire and performance, as well as fatigue, depression, and breast enlargement in men.

Other common side effects:
- Other common downsides of taking opioid medicine include increased risk of falling, disturbed quality of sleep, impaired judgment and decision-making, drowsiness, and constipation.

This timeline is a general guide for cutting down on you opioid medicine. Don’t worry if your need for pain medicine is different from one day to the next. Remember that the goal is to keep your pain under control and to eventually stop taking opioid medicine altogether.

Refer to your Knee handbook for more information.
Other ways to control your pain:

• Follow your care team’s instructions to ice and elevate the leg that was operated on. Remember to change position frequently as described in your Knee handbook. Avoid sitting for long periods, get up at least every 30-60 minutes. You should continue with these self-care practices for up to a year after surgery to help the pain.

• Over the longer term, it is important that you are at a healthy weight, that you are active, and that you have a healthy lifestyle. A healthy lifestyle means getting enough sleep, having good nutrition, and not using tobacco.

• Using over-the-counter medicines on the same days you take opioid medicine can cause some dangerous side effects. It is important that you check with your care team before using over-the-counter medicines.

The longer you have been on opioids, the greater the risk for long-term problems. You should work with your health care provider to reduce your use of opioid medicine following surgery.

Remember, opioid medicines are only one part of successful pain control after surgery.

RESOURCES:

The following resources are available at kp.org and may be helpful during your recovery process.

RELAXATION AND PAIN RELIEF (GUIDED IMAGERY) — Podcasts that promote healing are available for listening and downloading. They address a variety of health conditions and concerns.

Go to kp.org

1. Click on Health & wellness tab at the top of the screen
2. Click on Live healthy
3. Click on Podcasts (guided imagery) located on the left side of the screen
4. Select the “Pain” podcast

HEALTH GUIDES — These articles cover a range of health conditions, including pain management. You can read them online or print them out.

Go to kp.org

1. Click on Health & wellness tab at the top of the screen
2. Click on Conditions & diseases
3. Review the list Health guides located on the left side of the screen
4. Select a topic of interest to you