

## Counseling Patients

As we write for fewer opioids, there may be concern that we will see an increase in phone calls for refills or inadequate pain control. In fact, single institution studies found that with appropriate patient education, not only did patients consume less medication, but requests for refills did not increase.

To ensure appropriate pain management, **all patients** should receive counseling addressing the following items:

**SET EXPECTATIONS:** “Some pain is normal. You should be able to walk and do light activity, but may be sore for a few days. This will gradually get better.”

**SET NORMS:** “Half of patients who have this procedure take under 10-15 pills.”

**NON-OPIOIDS:** “Take acetaminophen and ibuprofen around the clock, and use the stronger pain pills only as needed for breakthrough pain.”

Avoid NSAIDs in patients with peptic ulcer disease and associated risk factors (smoking, drinking), bleeding disorders, renal disease, and specific operations at surgeon discretion.

**APPROPRIATE USE:** “These pills are for pain from your surgery, and should not be used to treat pain from other conditions.”

**ADVERSE AFFECTS:** “We are careful about opioids because they have been shown to be addictive, cause you harm, and even cause overdose if used incorrectly or abused.”

**SAFE DISPOSAL** “Disposing of these pills prevents others, including children, from accidentally overdosing. You can take pills to an approved collector (including police stations), or mix pills with kitty litter in a bag and throw them in the trash.”