

USE OF OXYCODONE FOR POST-OPERATIVE PAIN
Information for primary care

Oxycodone is a strong opioid analgesic included in the ELHT acute pain management pathway for post-operative use in elective Orthopaedic patients. Patients will often be discharged home on OxyContin/OxyNorm® with up to 5 days supply to take home.

Oxycontin®: The usual dose would be either 20mg twice a day or 10mg twice a day. This would depend upon age, weight, type of surgery, post-operative day and pain score.

Oxynorm®: The usual dose would be 5 – 10mg when required up to a maximum of 5 doses per 24hours.

For patients new to this drug repeat prescribing is not recommended and patients are advised of this during their admission.

If further opiate analgesia is required, Codeine or Tramadol four times a day would be the natural step down. Paracetamol and NSAID should be continued if not-contraindicated

Where pain score remains high after discharge and strong opioid is considered necessary for the short/medium term (i.e. further prescribing by GP), our advice is to switch to modified release Morphine preparations (n.b. OxyContin 20mg bd is equivalent to Morphgesic 30 – 40mg bd).

Very occasionally patients may be discharged on a dose of OxyContin >20mg bd and this might be against a background of high dose opiate prior to surgery or other complicated history. In these cases switching to Morphine is still recommended, if possible.

Analgesia requirements will inevitably require review once post-operative pain has settled and this is recommended approximately one month post-op; pre-admission prescribing should be reviewed for reduction where possible.

Prolonged surgical discomfort against a general trend of improvement, is not a reason to continue oxycodone. Oxycodone is an extremely potent and effective painkiller but as a consequence also easily generates severe physical tolerance / addiction in certain patient types.