



# **Bridging Perspectives: Patient Resource Guide on Post-Surgical Pain Management**

By: The American Chronic Pain Association

## **Understanding Post-Surgical Pain – A Personal Journey**

Available in English and Spanish (Print and Audio)



**ACPA**®

American Chronic Pain Association

# Understanding Post-Surgical Pain – A Personal Journey



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## The Importance of Educational Resources

To ensure optimal outcomes for patients undergoing surgery, comprehensive education on post-surgical pain management must begin prior to the procedure, ideally during a structured intake interview between the surgeon, patient and caregiver. This educational process should be patient-centered, proactive, and understandable—helping patients and caregivers understand what to expect, how to manage pain effectively, and when to seek help. Patients and caregivers must advocate for this education to be prepared for post-surgical pain management. The ACPA has developed an [infographic](#) to facilitate this communication process.

## Pre-Surgery Interview

The education should begin during the pre-surgical intake interview, which typically takes place days or weeks before surgery. This meeting is a critical opportunity to set expectations and build trust. The intake interview ideally provides a platform to assess the patient's pain history, current medications (prescription, non-prescription, vitamins/supplements), psychosocial background, identify risk factors for chronic post-surgical pain or opioid misuse, and to introduce a tailored pain management plan and educate the patient on its components. The tailored pain management plan should align the patient's expectations with clinical realities, taking in consideration of current medications, comorbidities, and mental health. Education should cover the types of pain to be expected (e.g., surgical site, referred pain, nerve pain) and the difference between acute and chronic pain. There should be a discussion on new non-opioid medication options, safe use of traditional opioids, and/or alternatives medications. It is important to discuss risks of unmanaged pain, opioid overuse, and the role of non-pharmacologic interventions (ice, elevation, mindfulness, physical therapy). Make sure to establish realistic expectations, a timeline for pain improvement, functional goals (mobility, sleep, activities of daily living), and realistic recovery milestones.

**Bring your medication list to pre-surgery interviews to facilitate conversation about medication management.**

The ACPA recommends a Post-Surgical Support Plan, which includes instructions for medication tapering and/or disposal, contact information for questions or complications, planning for follow-up visits and pain reassessment, and the availability of pain specialists or mental health support, if needed.

The ACPA is providing these educational materials and reinforcement, so patients have accessible, easy-to-understand resources including a digital pain management plan template, information about the role of family/caregivers in monitoring recovery, links to other reputable ACPA sources, and the Post-Surgical Pain Communication Pathway [Infographic](#).

Make sure to revisit pain education during the pre-op appointment with the surgeon or anesthesiologist and reiterate and adjust the pain plan during hospital discharge or post-op phone calls and eventually with your Primary Care Provider.

## What to Expect After Surgery

Pain after surgery is normal—but every person's experience is different. Not all pain fits in one bucket. Your type of surgery, health, and past experiences influence how you feel.

## Why This Matters

If pain isn't managed properly, it can last longer than it should—sometimes becoming chronic. This transition often happens in the subacute phase (1-3 months post-surgery).



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## Setting Realistic Expectations

### Pain is Like a Bell Tower

Imagine a string pulling on a bell in your brain. The louder it rings, the more your whole body reacts. That’s pain. But with support, education, and care, we can soften the sound.

### Pain Is Inevitable – Misery Is Optional

You won’t be pain-free after surgery—but you should not suffer. Talk with your healthcare team about what “tolerable” pain feels like.

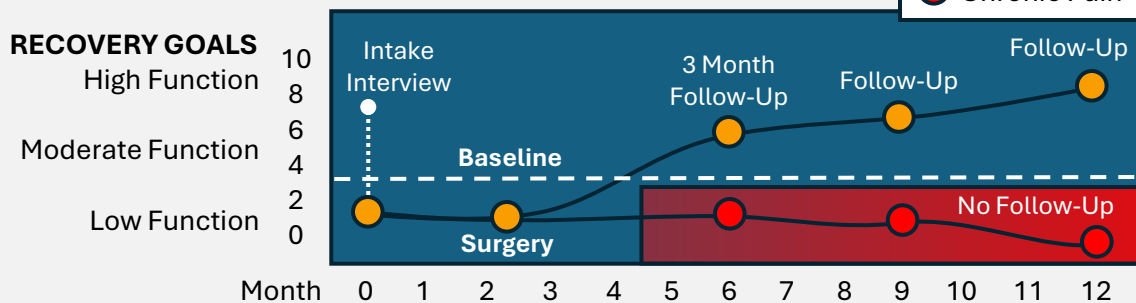
### Your Recovery Goals May Include:

- Sleeping better
- Regaining movement
- Walking without help
- Returning to work or hobbies



### Functional Status Baseline

You and your healthcare team should set your baseline before surgery and adjust your recovery goals over time.





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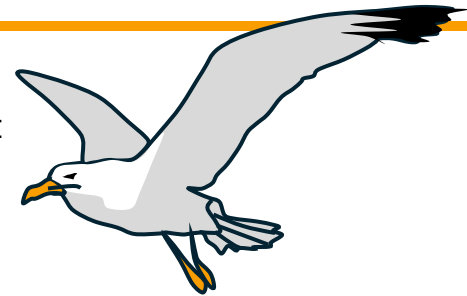


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# Communication is Key During Visits and Between Healthcare Providers

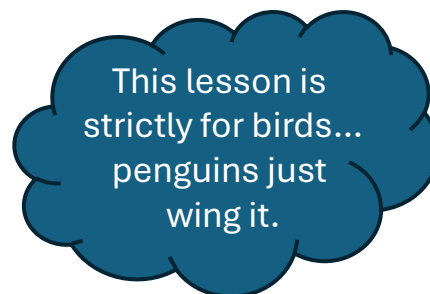
## Care That Fits Your Needs

A penguin can't teach a bird to fly – If your healthcare team doesn't understand your experience, they may give unhelpful advice. You deserve care that fits your specific needs.



## Questions Expect to Hear From Your Healthcare Team:

- How are we doing on pain control?
- Are your goals being met?
- What's working—and what's not?

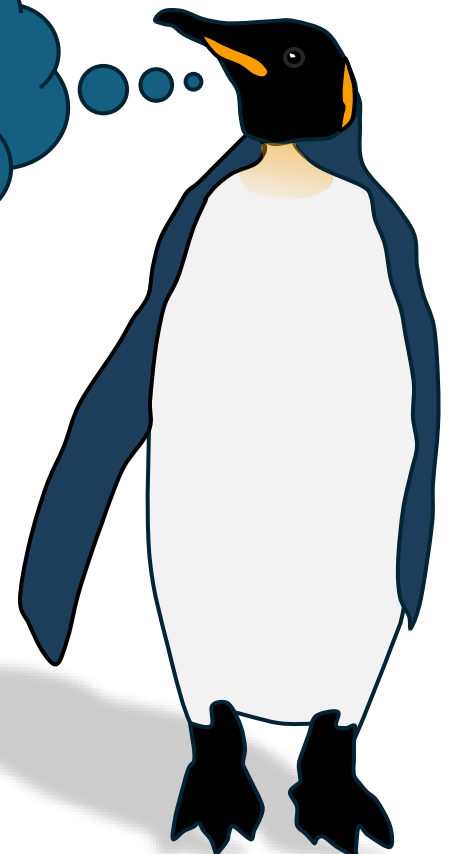


## The Trap Door Problem

Some patients fall through the cracks after surgery—failing to refill medications or missing follow-ups. This is why proactive follow-up is essential.

## What Helps:

- Intake Interview Preparation and Documentation
- Bring your medication list to pre-surgery interviews to facilitate conversation about medication management.
- Pain management app or calendar reminders
- Pharmacy liaisons to simplify medication access
- Community health workers and peer support
- A clear, written plan and navigator for transitional care





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# Educating the Whole Household

## Square Peg in a Round Hole

A one-size-fits-all approach doesn't work.  
Your care plan should fit you.

## You're Not Alone in This

When you have surgery, your caregivers and family go through it with you. Everyone needs education to support your recovery.

## Important Messages:

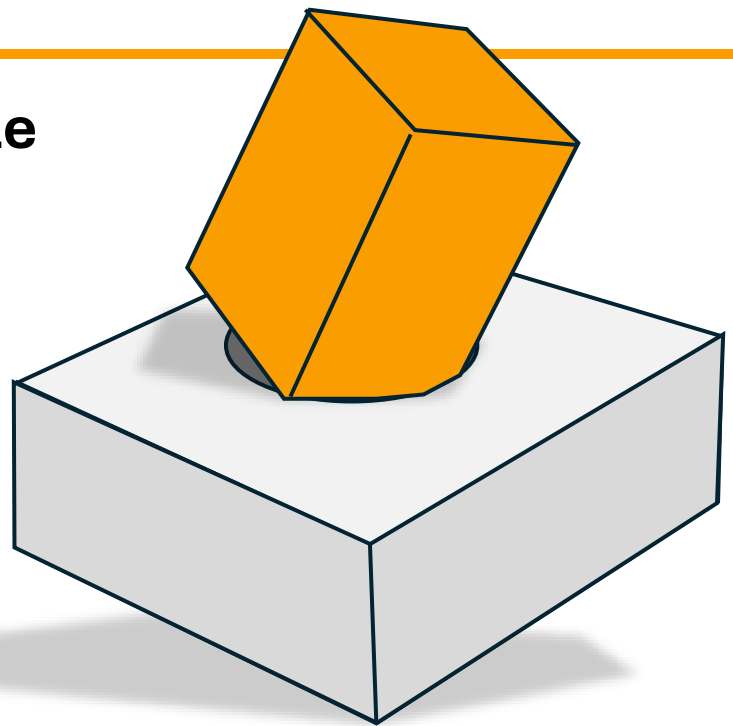
- Expectations should never be zero pain
- Don't avoid prescribed treatments out of fear - discuss your concerns with your healthcare provider
- Caregivers should avoid becoming negative influences

## Empathy Builds Trust

When your Healthcare Team listens, and when you feel understood, you're more likely to stick to the plan and recover well.

## When Does Pain Become a Disease?

Pain Becomes a Disease When It Becomes Cognitive – That means your mind can “learn” pain if left unmanaged. But it can also unlearn it—with help.





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# Taking Charge of Your Recovery

## The Patient Pathway Should Be Continuous

From the moment you schedule surgery to the months after, your Healthcare Team should adapt and follow your changing goals.

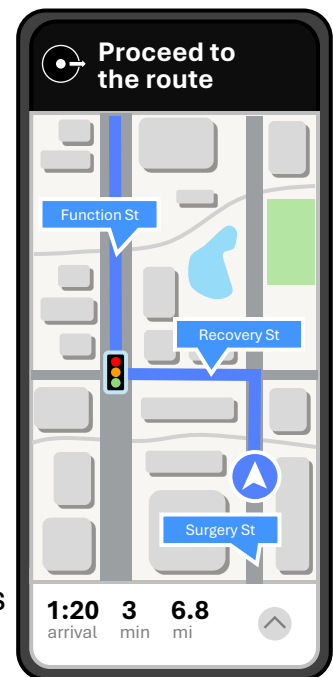
### Key Strategies:

- Ask about risk-benefit of medications and new medication options
- Advocate for a multidisciplinary team
- Track your progress and share it with your care team
- Participate in pre-op education
- Use ACPA's app, support groups, and resources

## Recovery is like using GPS on a Road Trip

You start with a destination (your recovery goal), but roadblocks, detours, or traffic might pop up. Your GPS doesn't give up—it recalculates.

In the same way, your pain management plan should adjust as your needs and progress change.



**Your Healthcare team is your GPS. Stay connected, communicate often, and don't be afraid to ask for a new route if something isn't working.**



# The Post-Surgical Pain Communication Pathway

## BEFORE SURGERY

- Educate yourself and ask questions at your pre-operation interview.
- Bring your medication list to pre-surgery interviews to facilitate conversation about medication management.
- Review current home medications and ask about potential new medication and management options
- Set functional goals like improvements in function, sleep, and diet.
- Discuss expectations: Do not expect to be “pain-free” but instead “manageable” post-op pain
- Identify a caregiver and educate them

## AT DISCHARGE

- Review your individualized pain management plan (meds, timeline, side effects)
- Acquire clear instructions from your healthcare team and identify a point of contact. Ensure continuity (who to call next week?)

## FIRST WEEK POST-OP

- Ask: “Is my pain control on track?”
- Ask to adjust medications or strategy if needed
- Set reminders and schedule follow-ups

NOTE: Some states have placed limits on postoperative medications. You may get only a 7-day supply to start, but refills may be considered if the pain continues after that timeframe.

## 1–3 MONTHS POST-OP

- Evaluate and discuss risks of developing chronic pain
- Discuss feelings of depression or anxiety regarding your recovery
- If needed, consider physical/cognitive therapy, and support groups

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## Roundtable on Bridging Perspectives: A Comprehensive Roundtable on Post-Surgical Pain Management

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### ACKNOWLEDGEMENTS:

The American Chronic Pain Association thanks the roundtable sponsors and participants for their contributions and insights.

**Moderator:** Martin Cheadle, Perelman School of Medicine, University of Pennsylvania

**National Expert Presenters:** Jeffrey Gudin, University of Miami Miller School of Medicine; Sri Nalamachu, KC University of Medicine and Biosciences; Aakash Shah, Kansas City Joint Replacement and Sports Medicine; Steven Stanos, Providence Swedish; National Experts: Charles Argoff, Albany Medical College; Hannah Kim, Dell Seton Medical Center at the University of Texas; Amar Vira, Emergency Physician Austin, TX; Mandy Zimmerman, Carolinas Pain Institute .

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### REFERENCES:

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3. Gudin, J (Presenter) (2025, April 2). Roundtable on *Bridging Perspectives: A Comprehensive Roundtable on Post-Surgical Pain Management*. *Epidemiology and Analgesics of the Future*.
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Access Resources at: [Post-Surgical Pain](#)