

Patient information

Discharge from Hospital with Strong Opioid Medicines

Department of Pain Medicine

This patient information leaflet is for patients who have been treated with strong opioids in hospital, for the relief of pain, and who need to continue taking these at home for a period of time following discharge.

Examples of strong opioids include **morphine, oxycodone, tramadol, buprenorphine and fentanyl (list not exhaustive)**.

Why am I taking opioid medicines?

You have been prescribed a strong opioid to relieve the pain that your injuries, trauma, illness, or surgery have caused.

Strong opioids are also used as part of enhanced recovery pathways after surgery, such as following a hip or knee replacement, a liver resection or a gastrectomy, to help you recover quickly.

You may have been given a strong opioid to take alongside other regular painkillers.

How do I take opioids safely at home?

- **Do** take the medicines as directed by your prescriber.
- **Do** not exceed the maximum dose prescribed for you. This could be dangerous
- **Do** seek advice from your GP if you feel you no longer require this medication or would like to adjust the dose or type of medication
- **Do not** take any other painkillers that have not been supplied by the hospital at the time of your discharge. This may result in you having too much pain medicine and cause the risk of severe side effects
- **Do not** give your medicines to anybody else (**it is against the law**)
- **Do not** take any other medicines that have not been prescribed for you.
- **Ensure** you remove your previous opioid patch before applying a new one.
- **Check daily** that your patch is still in place
- **Do not** expose your opioid patch to heat, including hot bath water.

Can I drink alcohol with these medicines?

Taking alcohol and opioids together can cause sleepiness and poor concentration. You should avoid alcohol while taking strong opioid medicines. If you do drink then you should do so in moderation and **be aware that you may become more drowsy than usual.**

Can I drive while taking strong opioids?

The law in the UK allows you to drive if you are taking opioid medicines. However, since 2015, it is illegal in England and Wales to drive with legal drugs in your body **if it impairs your driving.**

Opioids can cause drowsiness. If this happens, do not drive. If you drive and are found to be unsafe you may be subject to prosecution.

Remember that some other medicines that you may have been prescribed to manage your pain like gabapentin or pregabalin these can also cause drowsiness and reduce your concentration.

You are responsible for making sure you are fit to drive.

Only the Driving and Vehicle Licensing Authority (DVLA) can advise you about your legal right to hold a driving license. Please refer to <https://www.gov.uk/drug-driving-law> for more information.

What are the possible side effects?

Like all medicines, opioid medicines have possible side effects, although not everybody gets them.

Opioid medicines can cause drowsiness and make you feel generally tired.

If you feel this way, do not drive or carry out tasks that could endanger yourself or others, such as driving. You may feel dizzy or faint. Getting up slowly may ease this problem.

It is common to develop itchy skin whilst taking opioid medicines, if this becomes a problem your doctor can prescribe an antihistamine tablet to help with this.

Opioid medicines can cause constipation. This can be avoided by drinking plenty of water and eating at least five portions of fruit and vegetables a day.

You may have been discharged with laxative medication (such as Senna and Docusate) to help to prevent or relieve constipation.

If not, and constipation occurs and persists, your GP can prescribe a mild laxative to counteract this, or alternatively you can buy laxatives such as Senna, Docusate or Lactulose over the counter, until you see your GP.

Gentle exercise such as walking can also help, but you should follow the advice that your doctor or physiotherapist gave you about physical activity while you recover.

You may feel restless or uneasy, or experience hallucinations or nightmares.

If this happens seek advice from your GP immediately and stop taking the opioid medicine until advised otherwise.

Opioids can also affect your ability to make decisions.

If you feel your concentration or thinking is compromised, please discuss with your GP.

If you or your carer, think you are experiencing any severe side effects or you are worried that you have overdosed do not take any more pain medication and seek urgent medical advice.

How long do I need to take the strong opioid for?

If you were not already taking opioid medicines before admission to hospital, you should not need to take them for a long time.

Your pain medication is only intended to be short-term and as you recover and you will be able to slowly reduce taking the opioid medicines.

You are at risk of becoming dependent to opioids within a relatively short time, it may occur as early as two weeks.

You should ask your GP to review your medicines regularly, at least every seven to fourteen days to ensure you are not taking them for longer than necessary. They make change or reduce your pain relief as you recover

Likewise, if your pain is not controlled despite taking your medication as directed or if the pain is preventing you from sleeping and impairing your recovery, then please contact your GP for a review and if necessary to refer you to the chronic pain team for assessment.

Will I become addicted?

When taken appropriately for the treatment of pain, addiction to opioids is rare.

If it does occur, then it can be a serious problem. Long term opioid use can lead to addiction.

People who are addicted to opioids can feel out of control about how much medication they take, crave the drug, or continue to take the medicine even when it has a negative effect on their physical or mental health.

You can reduce any chance of addiction by taking all medicines as directed by your doctor and having a regular review with your GP.

If you feel you are becoming addicted, please discuss this with your GP.

Pregnancy and Breastfeeding

Strong opioids are avoided where possible during pregnancy. However, it is important to control severe pain and, in some cases, where other analgesics have proven ineffective these drugs may be appropriate.

Your doctor or a member of the inpatient pain team will discuss this with you and ensure they are reviewed regularly.

Like all medicines, strong opioids should be used at the lowest effective dose for the shortest possible time.

For further information see the BUMPS website at this address:
<http://medicinesinpregnancy.org>

During breast feeding, strong opioids are avoided where possible.

It is important to control severe pain and if needed, morphine is considered the most suitable strong opioid for use during breastfeeding where other analgesics have proven ineffective.

Small amounts of morphine may pass into breast milk and this may make your baby more sleepy than usual.

It is recommended to monitor your baby for any signs of sedation, slowed breathing rate, pale skin, constipation, and poor weight gain.

If you are concerned about any of the above, please consult your doctor.

Storage and disposal of opioid medication

Opioid (tablets/patches) should be stored out of sight and reach of children and vulnerable adults.

After use and removal, the opioid patch should be folded so that the adhesive side of the patch adheres to itself, then placed back into the original sachet and thrown away securely.

Used patches will still contain some medicine that may harm children and vulnerable adult and may even be fatal if accidentally consumed.

All medication must be kept out of reach ideally in a locked cabinet.

Any leftover opioid medications should be returned to your local chemist.

Under no circumstances should any of these medications be passed on to a third party or used out of its prescribed purpose.

This could be potential dangerous for the person you give the medication too and it is also against the law.

What if I miss a dose of slow-release opioid

If you forget to take your slow-release opioid, you may take it.

Remember to leave the specified amount of time before taking the next dose. Do not double dose your medication.

Where can I get more information?

You can call the Medicines Hotline on 0151 529 3208 Monday to Friday 8:30am – 5:00pm (excluding Bank Holidays)

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

If you have any questions please contact

Aintree Hospital Medicines Hotline

Monday to Friday 8:30am – 5:00pm (excluding Bank Holidays)

Tel: 0151 529 3208

BUMPS website: <http://medicinesinpregnancy.org>

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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