Information for patients being discharged from hospital on long-acting oxycodone for moderate to severe pain

Oxycodone long-acting (modified release) tablets

Other names – Oxycontin®, Longtec® tablets

Who is the leaflet for? What is its aim?

This leaflet is for patients (and their relatives or carers) who have been discharged from hospital with long-acting oxycodone for moderate to severe pain.

Long-acting oxycodone (also known as modified release and abbreviated to MR) is used commonly for moderate to severe pain from many different causes. It belongs to the same family of drugs and works in the same way as morphine. Its use will have been explained to you before you leave hospital. Do not hesitate to ask for more information or to have it repeated for you if needed.

These medications are safe and effective when used properly and will be helpful in controlling your pain.

Pain control may be an ongoing process and health professionals will work with you to adjust the medication doses as needed. Health professionals (including doctors, nurses, pharmacist and opticians) will need to know that you are taking these medications so do inform them even if you are consulting them for an unrelated matter.

Benefits

The medication you have been prescribed will help to control your pain enabling you to be more comfortable and active at home. Long-acting oxycodone is taken 12 hourly to keep your pain under control.

How to take long-acting oxycodone

Long-acting oxycodone is taken twice daily. Take the first dose when you wake up and the second dose 12 hours later for example 7 o’clock in the morning and 7 o’clock in the evening.
If you miss a dose of long-acting oxycodone then take the dose as soon as you remember, providing this is within four hours of the time you would normally take the medicine. Take your next tablet at your normal time. Do not take a double dose to make up for the missed one. If you are sick and bring up the medicine, repeat the dose as soon as you feel better providing it is less than four hours since you took the last tablet. If this happens again tell your doctor or nurse. If it is more than four hours since you would have taken your tablet, please contact your doctor or nurse for advice.

You must swallow your long-acting oxycodone without breaking the tablet. If you take a tablet that is broken, crushed or chewed the dose intended to be given over 12 hours will be absorbed rapidly and can lead to breathing difficulty and overdose. Never take alcohol within one hour of your long-acting oxycodone.

If you get pain between doses you can take a dose of the short-acting oxycodone that you will also have been given. Wait half an hour after having had a dose to allow it to take effect, if your pain is not adequately controlled you can take a second dose. If you are finding that you need to take more than two extra doses a day, tell your doctor or nurse.

**Side effects**

Long-acting oxycodone may cause you to feel sick (nausea) or to vomit when you first start taking it. Taking the medicine with food may help. It is likely that you will have been given an anti-sickness medication (anti-emetic) to take regularly when the painkiller is started. For most patients symptoms of nausea fade as the body gets used to the new drug. If they persist or are not controlled by anti-emetic medication, please speak to a doctor or nurse as alternatives that may suit you better are available.

Long-acting oxycodone may increase the risk of constipation and you may have been prescribed a laxative to take regularly whilst you are on oxycodone. Maintaining a good fluid intake, being active and having fibre in your diet will also help.

Some mild drowsiness is common and will usually resolve over a few days whilst your body is getting used to the new medication, or after a change to a higher dose. Please avoid driving and operating heavy machinery if you are affected. If the drowsiness stops you from reading a newspaper, following the plot of a television programme or is not improving please seek medical advice promptly. Drinking alcohol with oxycodone will make you feel more drowsy.

These medications are safe for you. However they are dangerous if they are taken by those they are not prescribed for. Please keep them out of the reach of children or anyone else who might take them inadvertently and if they are consumed seek urgent medical advice. They should be stored in the original container to protect from light and at a temperature not above 25°C.
Common questions asked about oxycodone

Isn’t oxycodone something that’s only used right at the end?

No. Oxycodone is given for different sorts of severe pain. This may be as a result of a heart attack or after a major operation. If you have cancer, treatment with oxycodone may be needed to allow you to live as pain free as possible. You can go on taking oxycodone for as long as you need to. The effects do not wear off with time and the dose can be increased if needed.

Will I become addicted to oxycodone and be unable to stop taking it?

If you no longer need oxycodone, the dose can be reduced gradually by your doctor without problems.

What do I do if I forget to take a regular dose?

Take the dose as soon as you remember. Do not take a double dose to make up for the missed one. If you are sick and bring up the medicine, repeat the dose as soon as you feel better.

Will oxycodone always relieve my pain completely?

Although oxycodone is a very good pain killer, it is not helpful for all types of pain. Other treatments may be needed and suggested by your doctor or nurse.

How will I know if the oxycodone is not going to work for some of my pain?

You may still have pain despite taking bigger doses of oxycodone and may feel unwell in one or more of these ways:

- more sleepy than usual
- feeling sick more of the time
- restlessness or jumpiness
- bad dreams

Do not worry if this happens but do tell your doctor or nurse. Your doctor may reduce your dose of oxycodone and suggest other treatments to help the pain.

Can I drive?

Once you get used to taking oxycodone and do not feel sleepy or unwell you may be able to drive. You must not drive if you feel that your driving may be impaired. Recent advice from the Department of Transport advises patients to carry evidence that you have been prescribed Oxycodone by a doctor in case you are stopped by the Police.

Can I drink alcohol?

A small glass of wine, beer or a sherry may help you feel better and improve your appetite. It is best to avoid taking more than this as you may become too drowsy.
It is important not to drink any alcohol within one hour of taking long-acting oxycodone.

**What do I do with the medicine if I stop taking oxycodone?**

Tablets or liquids which are no longer needed, which are past their expiry date or no longer needed should be returned to a pharmacy for disposal.

**Alternatives**

The health professionals looking after you will continue to aim to manage your pain as well as possible using a combination of drug and non-drug treatments. If you feel your pain is not as well controlled as possible (it may not be possible for you to be pain-free) there are many alternative options. Please contact a doctor or nurse. While you are awaiting advice do not alter the amount of your medication that you are taking or stop taking it suddenly.

**Contacts/Further information**

Once you are discharged your GP or Community Specialist Palliative Care Nurse will be providing support to help you manage your pain and to help you use the oxycodone as effectively as possible.

**References/ Sources of evidence**


“Guidance for healthcare professionals on drug driving” Department of Transport, July 2014
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

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