

## **Preventing Addiction Relapse When You Have to Have Surgery**

By Peggy L. Ferguson, Ph.D.

You are ultimately responsible for your own addiction recovery. When you know that you have to have surgery, it is important to keep everyone treating you informed about your recovery and addiction history, including the names of the drugs, the amounts, the lengths of time that you took them, and your last use. You are responsible for asking a lot of questions of the treatment team. Questions like the following are appropriate: "How long will surgery take?" "What is the procedure and what will it entail?" "What kinds of anesthesia will be administered?" "How long will I need pain medications after surgery?" "What kinds of pain medications do you usually prescribe for post-op?" "What kinds of different choices for pain medications are available to recovering addicts who are concerned about having their addiction triggered?" "What doctors will I be working with for post-op procedures and checkups?" Make sure that all the medical professionals that you are working with understand that you are an alcoholic/addict in recovery.

Maintain complete honesty all the way through the process. If you are scared, say it. If you are given a medication that has a mood/mind altering effect, or has triggered some euphoric recall or craving, tell them. Your feedback on how you are reacting each step of the way, can help inform your treatment in the most beneficial ways and additionally be most protective of your continuing recovery.

It is also crucial to be completely honest and communicative to those in your support network. When planning surgery, consult with your AA/NA friends or buddies who have already experienced what you are going through. Talk to the old guys/gals in the group, even if you don't normally hang out with them. Ask them whether they have been through it or been witness to others going through it. Ask for any recommendations that they may have.

Recovery wisdom encourages any recovering persons going through surgery to have as many "program" folks around him/her as possible for support. This means having people in recovery doing a kind of "babysitting" with you, not around the clock, but "checking in and checking on". Be honest with them about what you are thinking, feeling, and doing. When you feel lousy, you probably won't want a lot of company. Do it anyway. This is when you need it most.

After you go home, you may still be on pain medications. It is crucial that you give your pain medications to someone else to dispense to you. This may be a spouse, a sponsor, a nursing service, but someone other than you should be in charge of the medications. You may think that you are not vulnerable for relapse, since you feel confident. Not wanting to relapse is insufficient to prevent relapse. Giving control of the pain medications to someone else may be feel completely unjustified and it may seem like an unnecessary step, especially in light of surrendering control to the medical professionals with surgery.

Making it through surgery and post-op pain management is a major challenge to your continued recovery. It takes a lot of awareness and utilization of recovery skills that you may just be beginning to develop. To maintain recovery, give the meds to someone who will not give in to your anger and frustration. They should make sure that they know exactly what the prescription directions say and whether there is any leeway in dosing. Addicts often hear something other than what the doctor or pharmacist says about doses. Or the fear of the pain may drive dishonest behavior.

More than the physical response to surgery drives the perception of pain. It is very easy to get into a circular pattern when the pain creates anxiety or fear, which leads to more pain and tension and the need for more medication. The body craving medication can create emotional or psychological symptoms as well as an increased perception of pain, which drives the need for more pain medications.

Remember too, that mind/mood altering medications drug your thinking and feeling as well as your physical body. An example would be distorted beliefs about the motives of others. If you think that you are in pain because the treatment team is ignoring your needs, you will probably feel angry and frustrated. Your communication of that anger and frustration may be acted out if you are not proficient at appropriate expression and management of emotions. You might argue with the spouse who is administering your pain medications. If you distrust the motives or knowledge of the doctor or nursing staff, you may feel justified in manipulating them for more (or different) drugs.

The more the psychological or emotional turmoil associated with the pain, the more the tendency to act it out, producing more turmoil, which can be experienced as more pain, and increased need for drugs. This turns into a self-reinforcing circular pattern.

This sounds complicated. In fact, when you stay honest and talk about your experiences, physical and emotional, from the beginning, you are better able to identify the thoughts you are having about pain, the emotions attached to it, and to move from acting out feelings, to working through them, asking for help, and practicing effective relapse prevention. This whole description applied to the short term recovery period after surgery. For chronic pain issues or long term recovery necessitating mind altering drugs over an extended period of time, it is even more complicated.

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