

Patient information

Pain killer for moderate to severe pain

Names of medicine: Morphine, Oxycodone– long acting pain relief (modified release)

Other names: MST continus, Zomorph, Oxycontin, Longtec, Targanact

These drugs are known as strong opioids.

What is it for?

Opioids are used for moderate to severe pain. Long acting morphine is used to control constant pain.

Aren't opioids something that's only used right at the end?

No. Strong opioids are 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 or life limiting illness, treatment with morphine may be needed to allow you to live as pain free as possible. You can go on taking these medications for as long as you need to. The effects do not wear off with time and the dose can be increased if needed.

When do I take it?

This type of long acting pain medication is taken every 12 hours to prevent pain. When you are at home you can take your morning dose when you wake up and then the evening dose about 12 hours later. Do not stop taking this medication suddenly.

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 vomit the medicine, repeat the dose as soon as you feel better.

Are there any side effects from taking morphine?

- **Sleepiness:** This is most common when you first take strong opioids regularly or when the dose is increased. It should settle after a few days.
- **Constipation:** This is a very common side effect. It is important to drink plenty of fluids and always take a laxative regularly as prescribed by your doctor. The dose of laxative can be increased or reduced to make sure you pass a soft motion regularly.
- **Sickness:** If you feel sick when you first start to take strong opioids, try taking it with food. Your doctor may need to give you some anti-sickness medicine for a few days until the sickness goes away.

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

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

Will strong opioids always relieve my pain completely?

Although morphine 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.

What should I do if I get pain between the regular 12 hourly doses?

If the pain is mild, paracetamol may help. If it is more severe you should take a dose of quick acting pain relief (liquid or tablets). Wait about 1 - 2 hours and if you still have pain take another dose of quick acting pain relief. If you need more than two extra doses in a day, you may need the long acting dose increased. Tell your doctor or nurse.

Some people find that doing certain things like having a bath or going for a walk brings on the pain. Your doctor or nurse may suggest you try taking a dose of quick acting

pain relief before you start doing something that brings on the pain.

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

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

- more sleepy than usual
- feeling sick more of the time
- restlessness or jumpiness
- bad dreams
- seeing things or 'hallucinations'

Do not worry if this happens. Tell your doctor or nurse.

Your doctor may reduce your dose of strong opioids and suggest other treatments to help the pain.

How to store

- Keep out of the reach and sight of children.
- Store below 25°C in a dry place protected from heat.
- Do not use after the expiry date shown on the pack.
- Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required.

Can I drive?

It is the driver's responsibility to decide whether they consider their driving is, or they believe might be, impaired on any given occasion.

- Do not to drive if any symptoms or signs develop suggesting that your driving may be impaired, such as experiencing sleepiness, poor coordination, impaired or slowed thinking, dizziness or visual problems.
- Do not to drive at certain times when the risk may be temporarily increased, eg when first starting or when first increasing or reducing the dose of, a medicine that

may potentially impair your driving. This applies for five days after any change to your medication.

- To take particular care in circumstances that may increase the risk of your driving being impaired whilst taking your medicine and to avoid driving if this occurs. Such situations could include:
 - * if another prescribed medicine or over the counter medicine is added that could also impair your driving alongside the already potentially impairing medicine(s)
 - * if there is a developing medical condition that could increase the risk of the impairing side-effects from the prescribed medicine
- To be aware that alcohol taken in combination with other impairing drugs can substantially increase the risk of accidents.
- It is helpful to carry evidence of your prescription with you whilst driving.

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 drowsy.

For further information

If you have any questions or require advice, please telephone the Palliative Care Team on 01284 713776 available Monday to Saturday 9:00am to 4.00 pm or email palliativecare@wsh.nhs.uk

If you have been discharged from hospital please contact your GP, or if out of hours telephone 111.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (formerly DisabledGo)

<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>

