

# CLINICAL PRACTICE GUIDELINES

## PATIENT INFORMATION

### FREQUENTLY ASKED QUESTIONS (FAQs) COMPARING NONOPIOID AND OPIOID MEDICATIONS

| Frequently Asked Questions                                 | Opioids   | Nonsteroidal Antiinflammatory Drugs (NSAIDs) | Acetaminophen                            | Gabapentinoids  |
|--|---|--|--|---|
| <b>CAN I BE ADDICTED TO THIS?</b>                          | Yes   | No   | No                                       | Yes   |
| <b>WHEN ARE THEY USED—WHAT LEVEL OF PAIN?</b>              | Severe pain   | Mild - Severe                                | Mild - Severe                            | Mild - Moderate   |
| <b>SHOULD I START WITH THIS MEDICATION?</b>                | No, use only if around-the-clock nonopioid medications are not enough.  | Yes, you may start with this medication.     | Yes, you may start with this medication. | No, only use if NSAIDs and/or acetaminophen is not enough.  |
| <b>IS THIS USED ALONE OR WITH OTHER MEDICATIONS?</b>       | Should be used in combination with other pain medications.  | Can be used alone or in combination.         | Can be used alone or in combination.     | Should be used in combination with other pain medications.  |
| <b>CAN I STOP USING THIS MEDICATION AND HOW DO I STOP?</b> | Sometimes this needs to be slowly stopped (“tapered”) depending on how much you have taken. Talk about this with your health care provider. | This can be stopped at any time.             | This can be stopped at any time.         | Sometimes this needs to be slowly stopped (“tapered”) depending on how much you have taken. Talk about this with your health care provider. |

**SOURCE:** Anne SA, Mims JW, Tunkel DE, et al. Clinical practice guideline: opioid prescribing for analgesia after common otolaryngology operations. *Otolaryngol Head Neck Surg.* 2021;164(2\_suppl):S1-S42.



AMERICAN ACADEMY OF  
OTOLARYNGOLOGY-  
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|--|--|--|---|---|
| <b>WHAT ARE THE COMMON SIDE EFFECTS (REPORTED IN 3% OR MORE PATIENTS)?</b>         | Dizziness, nausea (very common), headache, drowsiness (feeling sleepy or tired), vomiting, dry mouth, itching, and constipation.   | Upset stomach  | Nausea, vomiting, headache, and insomnia (being unable to sleep).                 | Dizziness, drowsiness (feeling sleepy or tired), swelling in the hands and feet, weight gain, and blurred vision.                       |
| <b>WHAT ARE THE SERIOUS RISKS AND WHAT IS THE RISK OF ADDICTION OR DEPENDENCE?</b> | Respiratory depression (very slow breathing), misuse, abuse, addiction, overdose, and death from respiratory depression. Your risk of opioid abuse increases the longer you take the medication. | Stomach bleeding or ulcers, heart attack, kidney damage, and stroke.<br><br>Celecoxib has a lower risk of stomach bleeding and/or ulcer formation over the short term. | Liver damage may occur at high doses (greater than 3,000 milligrams in 24 hours). | Suicidal thoughts, respiratory depression.<br><br>Risks increase if you have kidney, liver, or heart disease or have suicidal thoughts. |

Adapted from the American College of Surgeons' patient education brochure on *Safe and Effective Pain Control After Surgery*.<sup>12</sup>

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#### ABOUT THE AAO-HNS/F

The American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) represents approximately 12,000 specialists worldwide who treat the ear, nose, throat, and related structures of the head and neck. The AAO-HNS Foundation works to advance the art, science, and ethical practice of otolaryngology-head and neck surgery through education, research, and lifelong learning.