READY, SET, RECOVER

Caregiver Perspectives on Postsurgical Pain

Initiative Report | October 2026

FAMILIES, ADDICTION & MENTAL HEALTH NETWORK

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Postsurgical Recovery Starts with Caregiver Preparation

Caregivers play a central role in helping loved ones manage pain and recovery after surgery – often taking responsibility for medications, monitoring symptoms, supporting daily activities, and determining when additional medical attention may be needed. Yet their perspectives are not always fully reflected in postsurgical education, discharge planning, or pain management decisions.

Through the Ready, Set, Recover initiative, Caregiver Action Network (CAN)'s Families, Addiction & Mental Health Network (FAM), in collaboration with Pacira BioSciences, Inc., sought to better understand caregivers' experiences with surgery preparation, postsurgical pain management, and recovery at home. The initiative included a national survey of 202 respondents through CAN's caregiver network. Nearly all respondents (195) who answered the screener reported caring for a loved one recovering from surgery or an outpatient medical procedure.

Survey results were complemented by an August 2026 roundtable discussion with 10 caregivers and three one-on-one interviews, offering additional perspective on the practical challenges of managing medications, monitoring pain, and balancing recovery responsibilities at home.

Together, the survey and roundtable findings underscore a central challenge at the hospital-to-home handoff: caregivers are often responsible for managing pain and recovery, yet many report a need for clearer plans, earlier education, and practical support about non-opioid options before a loved one undergoes surgery.

Table of Contents

04 Overview

- 05 Executive Summary
- 06 Background and Methodology
- 08 Caregiver Reflections from Social Media

10 Key Findings

- 11 Caregiver Preparedness Before Surgery
- 14 The Hospital-to-Home Transition
- 15 Knowledge of Pain Management and Non-Opioid Options
- 17 Supporting Caregivers

19 Moving Forward

Executive Summary of Caregiver Insights

Caregivers need more support at the hospital-to-home handoff.

More than **three-quarters (76%) were concerned** about managing care at home during the first few days after surgery, and **78% agreed** that caregivers are often expected to manage pain at home without enough support or information.

A clear, detailed plan can help families prepare.

Nearly all caregivers (97%) said it would be very or extremely important to understand all available pain management options before surgery, and **72% said that a detailed pain management plan** would better prepare them to support recovery.

Caregivers are ready to play an active role when given information early.

Nearly nine in 10 **(88%) felt comfortable** asking a healthcare provider about different pain management options, and **82% said their involvement** or questions influenced their loved one's pain management or recovery plan.

Most caregivers prefer flexible approaches that limit opioid use.

More than **two-thirds favored minimizing or avoiding opioids** or using them only when needed. Caregivers also want earlier discussions about non-opioid options.

Practical support should extend into the home.

The most requested resources included a **detailed pain management plan (72%)**, information on **alternatives to standard pain medications (64%)**, a daily care **checklist (63%)**, pre-procedure **education about pain management (58%)**, and access to a **healthcare provider after discharge (53%)**.

Understanding of pain management choices varies.

Before a procedure, **41% understood** that multiple approaches were available and asked about them; **27% knew options existed** but did not fully understand the differences; and **29% assumed** the provider would decide what was best.

Executive Summary

Why it Matters

The transition from the hospital or surgical center to the home is a critical point in recovery. Caregivers frequently become the primary source of day-to-day support, carrying a recovery plan into the home where they may suddenly be responsible for medication timing, pain monitoring, side effects, mobility needs, and questions about when additional medical attention is needed – but they often have limited preparation and few opportunities for follow-up.

These findings show that caregivers need more than general discharge information to manage postsurgical recovery safely and confidently at home. Clinicians can better support caregivers by involving them earlier in pain management discussions, explaining recovery expectations and available pain management options, providing clear written plans, and offering reliable follow-up after discharge. For policymakers, the findings point to opportunities to advance caregiver-inclusive standards, improve access to pain management education, and promote continuity of support across care settings.

What's Next

The findings point to opportunities to better support caregivers throughout the surgical journey: explaining pain management approaches and recovery expectations before surgery, confirming medication timing, warning signs, and next steps immediately after surgery, and providing practical resources caregivers can reference once their loved one is home. They also support involving caregivers in care planning and advancing policies and standards that recognize them as essential partners in recovery. CAN will use these insights to guide continued education, advocacy, and collaboration through the next phase of Ready, Set, Recover.

Background and Methodology

About Ready, Set, Recover

Ready, Set, Recover is a collaborative, educational initiative from CAN FAM and Pacira BioSciences, Inc., designed to elevate family caregivers' voices and better understand the support and tools caregivers need as they help loved ones prepare for surgery and navigate recovery at home.

The initiative examines surgery preparation, postsurgical pain management, and transition from the care setting to home – a critical period when caregivers often take on new responsibilities. Drawing on survey findings and caregiver perspectives, this report identifies opportunities to help families prepare for surgery and support caregivers throughout recovery.

Survey Methodology

The online survey of individuals who had cared for a loved one recovering from surgery or an outpatient procedure was conducted through email outreach and social media promotion across CAN's channels. Responses were collected from June 30 through July 31, 2026, and analyzed to better understand caregiver experiences with postsurgical pain.

202 survey respondents

99.5% cared for someone after surgery

45% provided care for more than six months

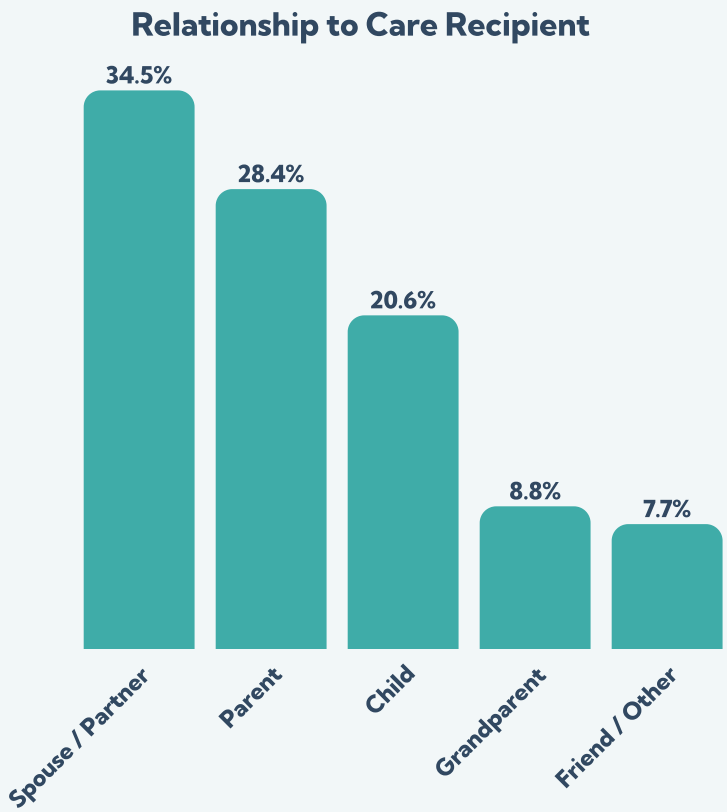
The survey included 16 questions focused on:

- Caregiver preparedness before surgery
- The hospital-to-home transition
- Knowledge of pain management and non-opioid options
- Caregiver support needs

Background and Methodology

Who Responded

Respondents represented a range of caregiving relationships and experiences.



Caregiver Roundtable

To complement the survey findings, a roundtable discussion was hosted on August 18, 2026, comprised of 10 family caregivers and three one-on-one interviews. The conversation supported the survey findings through first-hand experiences, offering a deeper insight into the challenges faced and support needed while helping loved ones manage postsurgical pain at home. Results reflect the experiences and opinions of survey respondents and roundtable participants and are not intended to be representative of all U.S. family caregivers

> Yes, of course you're going to listen to your doctor, but the doctor needs to hear from you. You're being cared for, receiving treatment. They need to know how it's making you feel, what you think about [it].
>
> **La-Verne P., Caregiver for her Mother**

Caregiver Reflections from Social Media

In addition to the survey and roundtable discussion, CAN shared two caregiver prompts across Meta platforms. The outreach reached CAN's 19,000 followers and was also shared within CAN's private Facebook group of nearly 5,000 caregivers.

Caregiver responses capture the questions they wished they asked before discharge and the unexpected realities of helping a loved one manage pain during the first days of recovery at home. These reflections offer firsthand perspective on the moments when clear expectations, practical guidance, and access to support can matter most.

Looking back, is there a question you wish you'd asked your loved one's doctor before they came home from surgery?

- What is your on call phone number for non-business hours? What things should I watch for that would warrant a call?
- I think it is very important to understand more about administering appropriate pain medication, as scheduled, to minimize pain.
- Where is the social worker who will arrange home help before the patient is discharged?
- How long are they going to be helpless?
- What is the diagnosis and prognosis?

What surprised you most about caring for a loved one's pain in the first few days after surgery?

- There was no plan. That was the most terrifying part.
- The seemingly non-urgent attitude of the staff when managing post surgery pain.
- How hard and overwhelming it was to manage. Especially with side effects and sensitives.
- I learned to be available. Give reminders about pain meds and help with position of comfort. I was not prepared for the possible long-term issues and possible mental health concerns.
- My husband had the same surgery (open craniotomy) approximately 10 years apart. The two experiences were so different. The first time he was barely in enough pain to take the narcotic pain meds. The second time he took everything he was prescribed, and it was a more difficult recovery. I went into that second surgery with the expectation that it would be similar to the first. I was so wrong and it threw me for a loop. The plan to help with the pain was pretty much the same.
- The lack of or the abundance of pain medicine.

Key Findings

Caregiver Preparedness Before Surgery

Caregivers Begin Planning for Recovery Before Surgery.

For family caregivers, preparing for surgery means anticipating what the recovery will require at home — from managing pain to adjusting everyday routines. Survey findings show **70% of family caregivers** considered key aspects of recovery before surgery, but the next step is to turn that anticipation into clear, practical plans they can use once they get home.

Anticipating recovery, however, is not the same as having a clear plan. Roundtable participants described preparation as more than simply knowing what to expect during recovery. Several came prepared with questions, tracked medication histories and sensitivities, and researched their loved ones' needs. Yet even proactive caregivers struggled to know what to to ask before surgery, especially when recovery involved unfamiliar medications, changing pain needs, or multiple care teams.

Before surgery, caregivers considered or planned for:

**Note: Because respondents could select more than one method, these categories are not mutually exclusive.*

> I think the issue is that you don't know what to ask until things are already kind of hitting the fan. It all seems pretty straightforward, and you think you have a good plan, but then you get home, and things are different.
>
> **Steve V., Caregiver for his Wife**

Caregiver Preparedness Before Surgery

Feeling Informed Does Not Eliminate the Need for Support.

Although more than half of caregivers felt very or somewhat informed about the resources available to help manage a loved one's pain and recovery after surgery, information alone did not translate into feeling fully supported. More than three-quarters agreed that caregivers are often expected to manage pain at home without enough support or information, including 39% who strongly agreed.

Roundtable participants distinguished between receiving instructions and feeling prepared to put them into practice at home. They described the need to account for allergies and possible side effects, monitor changes in their loved ones' conditions, and determine when to contact the care team. Even when instructions were clear, recovery did not always unfold as expected.

67% Felt informed about available resources

78% Said caregivers are expected to manage pain without enough support or information

> The directions were very clear: take this every four hours, take this every six hours. ... But just finding the right dosage, the right medications, because [my mother] is allergic to quite a few medications ... was also a challenge.
>
> **Shinise P. , Caregiver for her Mother and Grandmother**

Caregiver Preparedness Before Surgery

Preparation is Especially Important in the First Days at Home.

For 84% of caregivers, managing their loved one's pain to support a smooth recovery was very or extremely important. Their leading concerns reflected the practical demands of the early recovery period:

76% were concerned about managing care at home during the first few days after surgery

58% worried about the impact on daily responsibilities

51% worried about returning to normal activities quickly

**Note: Because respondents could select more than one method, these categories are not mutually exclusive.*

Roundtable participants said confidence came from practical preparation and ongoing communication—not discharge instructions alone. They described feeling better equipped when they could write down questions, track medication responses and side effects, and work with the care team to adjust the plan when needed.

The Hospital-to-Home Transition

Caregivers Need Practical Guidance to Manage Pain Safely and Confidently at Home.

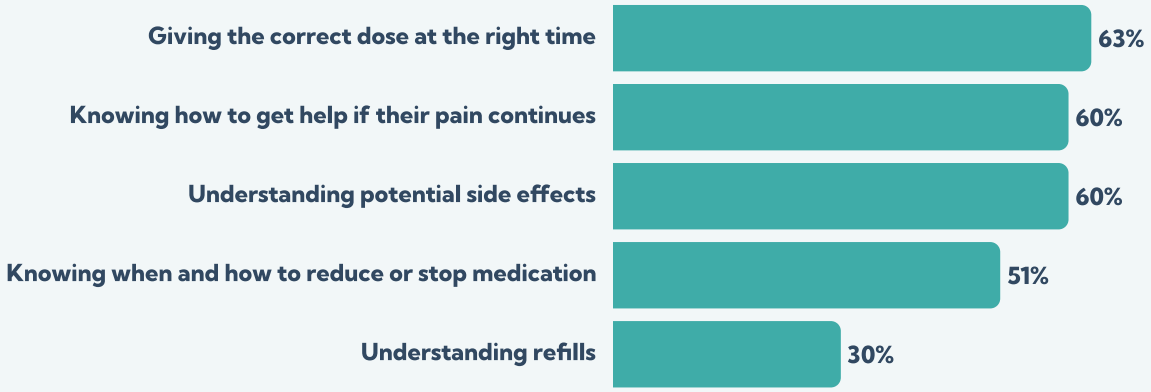
Approximately two-thirds of caregivers (68%) felt very or somewhat informed about the information and resources available to help manage a loved one's pain and recovery after surgery. However, only 22% felt very well-informed, while 18% felt not very or not at all informed. In addition, 38% reported receiving very little or no information about pain management options before surgery.

Roundtable participants described the first days at home as particularly demanding, with uncertainty, changing needs, and multiple responsibilities to manage. Some caregivers said they received only discharge instructions or were not fully included in care discussions, while others described having to coordinate medications, monitor pain and side effects, and determine when changing symptoms warranted additional medical attention. Because recovery needs can change after discharge, participants emphasized that preparation should include both a written plan and clear guidance on whom to contact about persistent pain, new symptoms, or other concerns.

These findings suggest that general information alone may not be enough to prepare caregivers for the responsibilities they assume after discharge. Caregivers need specific, actionable guidance on safely administering medications, monitoring side effects and ongoing pain, adjusting or discontinuing medications, and contacting the care team when questions or concerns arise.

> There have certainly been times where I've had questions after discharge. But sometimes it feels like once they discharge you, they're done with you.
>
> **Dawn S., Caregiver for her Mother**

Caregivers also identified several concerns about managing pain medications and responding to ongoing pain at home:



**Note: Because respondents could select more than one method, these categories are not mutually exclusive.*

Knowledge of Pain Management and Non-Opioid Options

Caregivers Want More Information About Pain Management Options.

Caregivers entered the surgical experience with varying levels of knowledge about available pain management approaches:

41% understood that multiple options were available and asked about them

29% assumed the healthcare provider would determine the best approach

27% knew different options were available but did not fully understand the differences

The amount of information patients received before surgery about pain management options also varied:

19% a lot

42% some

24% very little

14% none

Despite these gaps, nearly 88% of caregivers felt very or somewhat comfortable asking a healthcare provider about different pain management options, and 82% said their involvement or questions influenced their loved one's pain management or recovery plan. This suggests that many caregivers are willing to participate in discussions but may need more information to ask informed questions and assess the available choices.

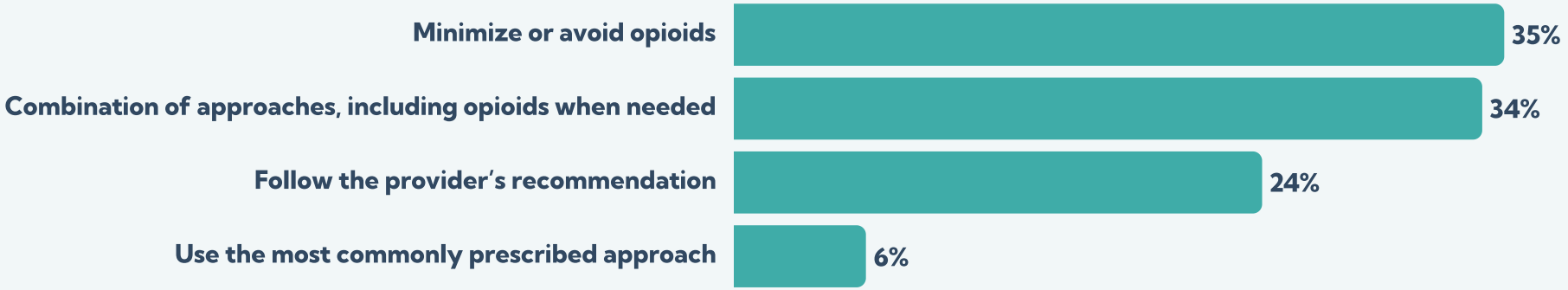
Roundtable participants said they often learned about pain management options through their own research, previous experiences as caregivers or patients, and conversations with family members or other caregivers. Several said they had to ask clinicians directly about alternatives rather than having a range of options explained to them.

> "It had to be me coming back and going, wait, pause. Is this also an option? Can we explore this? What does this look like? Do we need that?"
>
> **Akima B., Caregiver for her Mother**

Knowledge of Pain Management and Non-Opioid Options

Caregivers Value Options That Minimize Opioid Use When Appropriate.

More than two-thirds of caregivers preferred an approach that either minimized or avoided opioids or incorporated them only when needed:



These findings suggest that caregivers are not necessarily seeking a single type of pain management. Instead, many favor flexible approaches tailored to the patient's needs while limiting opioid exposure when possible.

Roundtable participants also shared that personal and family experiences with opioid addiction shaped concerns about opioid use for some caregivers and care recipients. These experiences reinforced the importance of early conversations about the full range of pain management options, including non-opioid approaches. One non-opioid option that may be appropriate for certain patients is EXPAREL® (bupivacaine liposome injectable suspension). EXPAREL is a long-acting local anesthetic administered at the time of surgery to provide targeted pain relief during the first few days after surgery, when discomfort is typically at its worst.

> Sometimes it wasn't just a matter of being well informed about the options, but actually taking time to ask my mom, to ask my dad, 'What are your reservations or whatever hesitancy you may have about taking this medication?'
>
> **Jasmin S., Caregiver for her Mother**

Please see below for EXPAREL Important Safety Information.

Knowledge of Pain Management and Non-Opioid Options

Awareness of Non-Opioid Options are Widespread, but Familiarity Varies.

Prior to surgery, familiarity of non-opioid pain management options varied across respondents:

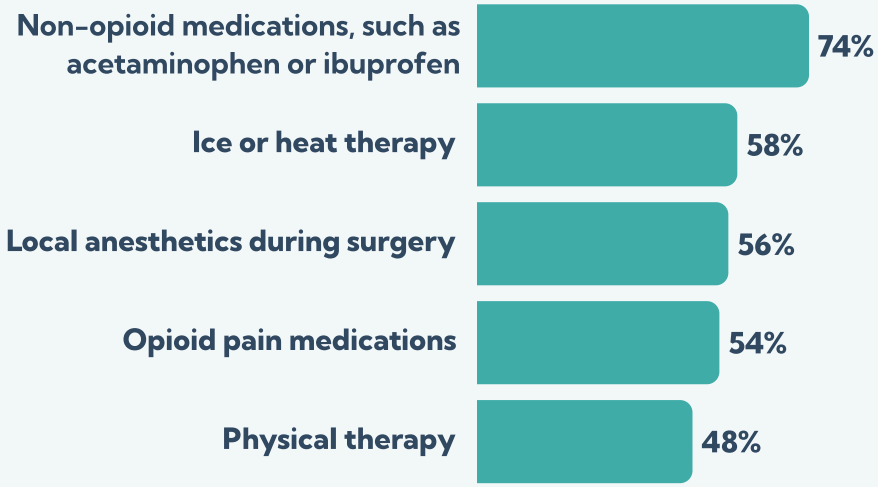
20% very familiar

47% somewhat familiar

24% heard of them but not familiar

9% not aware

Caregivers also reported that their loved ones used a range of pain management methods after surgery:



**Note: Because respondents could select more than one method, these categories are not mutually exclusive.*

Roundtable participants reinforced that familiarity with non-opioid options did not always mean those options were discussed by the care team. Several said alternatives to opioids were not presented, even when their loved one experienced side effects or had difficulty tolerating the prescribed medication. They also described how personal, family, and cultural experiences can shape concerns about opioid use.

> There was no discussion or even a list of alternatives provided, even when [my mother] was having those adverse reactions.
>
> **Paola Z., Caregiver for her Mother**

These findings suggest that caregivers would benefit from clearer, earlier information about the role non-opioid approaches may play in a postsurgical pain management plan, when clinically appropriate, and from ways that can help families raise these options with the healthcare team before surgery.

Knowledge of Pain Management and Non-Opioid Options

Early Education Can Support Informed Conversations.

Nearly all caregivers said that, if they were undergoing surgery, it would be extremely (67%) or very important (30%) to understand all available pain management options beforehand. The remaining 3% considered it somewhat important; none said it would be unimportant.

Additionally, nearly three-quarters said they would have been very or somewhat likely to consider or request a different pain management approach if they had received more information before surgery. Another 20% were neutral, while 9% said they would have been unlikely or very unlikely to do so.

During the roundtable, caregivers said they often had to seek out information about pain management options, ask clinicians whether non-opioid options were available, or rely on prior caregiving experience and conversations with others. Participants also shared that receiving information earlier would have helped them with research options, ask more informed questions, and better understand what plan may be appropriate for their loved one.

Together, these findings suggest that earlier, more comprehensive education can help caregivers move from general awareness and reliance on providers to informed conversations about pain management decisions.

Caregivers value information and say it could influence their choices.

97% said understanding all options before surgery was very or extremely important

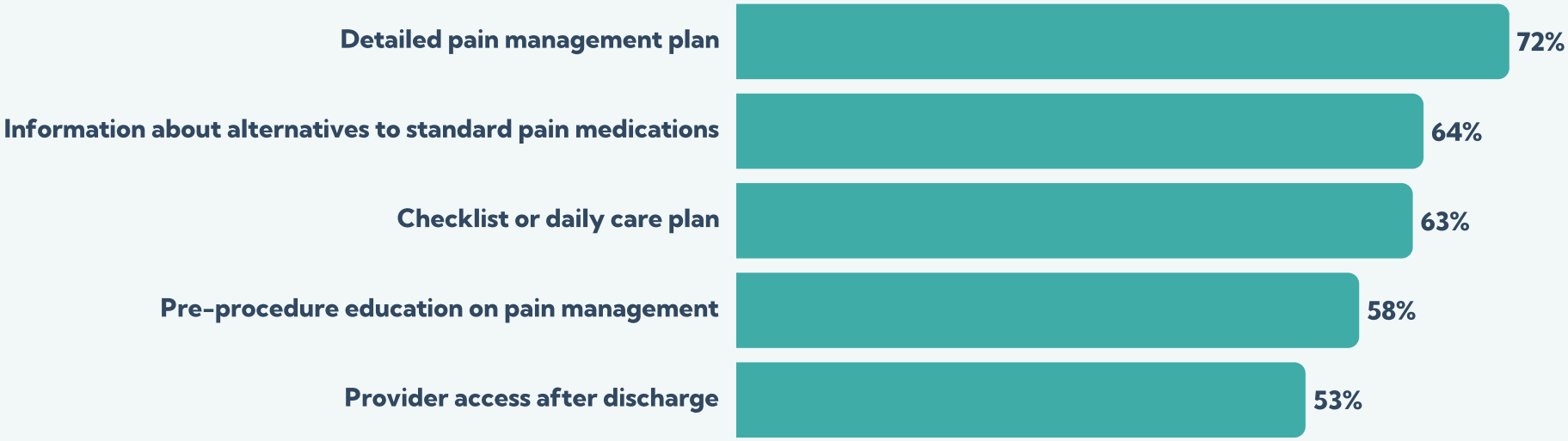
72% may have considered or requested a different approach with more information

> The pain was not an issue because we knew [to ask for EXPAREL]. But we only knew because we worked in [advocacy] – and how unfair is that? People just don't know.
>
> **Lisa B., Caregiver for her Husband**

Supporting Caregivers Moving Forward

Caregivers Want Clear, Practical Tools to Help Them Manage Recovery at Home.

Caregivers identified several resources that would help them feel better prepared, prioritizing concrete, actionable guidance for managing pain, making informed decisions, and addressing questions during recovery. The most frequently requested resources included:



**Note: Because respondents could select more than one method, these categories are not mutually exclusive.*

Similarly, roundtable participants emphasized the value of written tools that help caregivers prepare questions, track medications, and document side effects or changes in their loved one's condition. One participant noted that keeping a record of this information can help caregivers return to the care team with specific questions when the plan is not working as expected.

Supporting Caregivers Moving Forward

A Better Recovery Experience Starts Before Surgery and Continues at Home.

The ideal caregiver experience is built around anticipation, clarity, and accessible support throughout the surgical journey. Caregivers need information before decisions become urgent, clear instructions as their loved one transitions home, and practical guidance throughout recovery.

Before surgery

Explain available pain management approaches, recovery expectations, caregiver responsibilities, and questions families can ask about non-opioid options.

Immediately after surgery

Confirm the pain plan, medication timing, potential side effects, warning signs, and next steps in plain language.

At home

An easy-to-use reference tool, a reliable way to reach the care team, a proactive follow-up call within 48 - 72 hours, and resources to help when pain, side effects, or mobility change questions arise.

This continuum of support can help caregivers feel better prepared to manage recovery safely and confidently at home. Roundtable participants described the importance of being recognized as part of the care team and having an opportunity to ask questions, share concerns, and communicate information about their loved one's needs.

> Once they saw that we were prepared and had a list, there was a shift in the conversation and the dynamic.
>
> **La-Verne P., Caregiver for her Mother**

Supporting Caregivers Moving Forward

Recovery Happens Alongside Daily Life.

Caregivers are also balancing recovery responsibilities alongside work, childcare, household responsibilities, and other everyday demands.

58% were concerned about the impact on daily responsibilities

52% considered how recovery would affect daily routines

Roundtable participants reinforced that caregiving does not happen in isolation. One participant described supporting her mother after surgery while also caring for a grandmother with dementia, tending to an infant, and recovering from her own recent medical procedures. Experiences like these underscore the need for recovery plans that account not only for clinical responsibilities, but also for the practical realities caregivers and families face at home.

> The additional issue is the fact that I'm not only caring for my mother post-surgery, I'm caring for my grandmother who has dementia and my son, who is a few months old, and I'm recovering from a C-section and emergency gallbladder surgery a week after I had my son.
>
> **Shinise P. , Caregiver for her Mother and Grandmother**

Moving Forward

Caregivers are essential partners in postsurgical recovery. Yet the findings in this report show that many caregivers take on the responsibility of the hospital-to-home transition without the information, tools, or ongoing support they need to feel prepared and confident during the recovery process.

The survey and roundtable findings point to several opportunities to better support caregivers throughout the surgical journey and turn caregiver insights into practical support:

1 Start education before surgery

Explain recovery expectations, available pain management approaches, potential tradeoffs, and questions families can ask before decisions feel urgent.

2 Provide a clear pain management plan

Equip caregivers with a detailed pain management plan covering medications, timing, potential side effects, warning signs, and next steps if pain continues, that they can prepare ahead of time.

3 Offer practical tools that fit caregivers' daily lives

Provide checklists, question guides, written or video instructions, and other resources to help caregivers track medications, document symptoms and side effects, and manage recovery while balancing their everyday responsibilities.

4 Keep support accessible after discharge

Provide reliable access to a healthcare provider, peer or community support, and emotional wellness resources so caregivers have someone to turn to when questions arise at home.

Patients and caregivers should speak with a healthcare provider before surgery about the pain management approaches that may be appropriate for the patient, including non-opioid options.

EXPAREL's Important Safety Information

Indication

EXPAREL (bupivacaine liposome injectable suspension) is indicated to produce postsurgical local analgesia via infiltration in patients aged 6 years and older and regional analgesia in adults via an interscalene brachial plexus nerve block, sciatic nerve block in the popliteal fossa, and an adductor canal block. Safety and efficacy have not been established in other nerve blocks.

Important Safety Information

EXPAREL should not be used in obstetrical paracervical block anesthesia.

In studies in adults where EXPAREL was injected into a wound, the most common side effects were nausea, constipation, and vomiting.

In studies in adults where EXPAREL was injected near a nerve, the most common side effects were nausea, fever, headache, and constipation.

In the study where EXPAREL was given to children, the most common side effects were nausea, vomiting, constipation, low blood pressure, low number of red blood cells, muscle twitching, blurred vision, itching, and rapid heartbeat.

EXPAREL can cause a temporary loss of feeling and/or loss of muscle movement. How much and how long the loss of feeling and/or muscle movement depends on where and how much of EXPAREL was injected and may last for up to 5 days.

EXPAREL is not recommended to be used in patients younger than 6 years old for injection into the wound, for patients younger than 18 years old for injection near a nerve, and/or in pregnant women.

Tell your health care provider if you or your child has liver disease, since this may affect how the active ingredient (bupivacaine) in EXPAREL is eliminated from the body.

EXPAREL should not be injected into the spine, joints, or veins.

The active ingredient in EXPAREL can affect the nervous system and the cardiovascular system; may cause an allergic reaction; may cause damage if injected into the joints; and can cause a rare blood disorder.

Please refer to full Prescribing Information.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

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