

Anaesthetic and Pain Management Department

Managing pain after your surgery

Following surgery it is normal to have pain. Each patient's experience of pain can vary, but is expected to last for a few days to a few weeks. There are many effective treatments to help keep you comfortable after your operation and this leaflet is about managing pain after your surgery. The different ways of relieving pain will be explained before your operation by the doctors and nurses looking after you. They will be based upon your surgery, other medication you are taking and other health conditions you may have.

What is pain and how can it be measured?

Pain is the unpleasant sensation that people experience after an injury or surgery.

You will be asked to tell the doctors and nurses about any pain that you have. They will ask you about the severity of the pain at rest and on movement, such as deep breathing, coughing or sitting out of bed. We ask patients to score their pain with a number on a 0 – 3 scale.

- 0 = no pain
- 1 = mild pain
- 2 = moderate pain
- 3 = severe pain

Why do we treat pain?

Good pain relief is very important and has many benefits:

- greater comfort while you recover from surgery
- quicker recovery as breathing exercises, mobilising and physiotherapy can all be managed with less discomfort
- reduces the complications of surgery such as chest infections blood clots



How will my pain be treated?

There are many different ways to control pain and sometimes combinations of treatments are used to get the best results. How effective your pain relief is will be assessed at regular intervals, and adjustments to the treatment can be made if required. We aim for patients to be able to cough, breathe deeply and move around the ward without experiencing significant discomfort. It is much easier to relieve pain if it is managed before it gets too severe. Therefore, you should ask for help when you experience pain.

The available methods of pain relief are:

- tablets, liquids and suppositories
- injections
- patient controlled analgesia (PCA)
- epidural analgesia
- nerve blocks

Tablets, liquids and suppositories

If you are able to eat and drink, the most convenient way to take painkillers is by mouth. We know that combinations of different types of painkillers (analgesics) provide the best pain relief.

If you find swallowing tablets difficult, you need to tell the nurses and doctors looking after you, as soluble or liquid forms are available. Some patients may be offered the use of painkillers in the form of suppositories.

Paracetamol is prescribed for nearly all patients to take regularly after surgery, as research has shown that it can improve the effectiveness of other painkillers. Smaller doses of stronger painkillers can then be used with reduced side effects. It is important not to take too much paracetamol as it can cause liver damage.

Injections

When patients are experiencing a lot of discomfort, an injection of strong painkiller can be given either just under the skin (subcutaneous), into a muscle (intramuscular) or a vein (intravenous).

These can be given at regular intervals or as required.

Sometimes a small plastic tube (a venflon) will be inserted into the vein which will prevent the need for several injections.

Patient Controlled Analgesia (PCA)

PCA is a system that allows you to be in control of your own pain relief. A device containing a strong painkiller such as morphine is connected to a small plastic tube in the vein, usually in your hand or arm. The device enables you to control the pain via a button on the PCA handset.

- When you press the button a small dose of painkiller is delivered into the vein.
- PCA allows you to give yourself small amounts of the pain killing drug when you require it and avoids any wait to get analgesia and also any further injections.
- You can press the button as often as you require. It is important not to let the pain build up before pressing the button.
- The device has a safety mechanism to make sure that you cannot give yourself too much painkiller. It will only allow a measured dose to be delivered every 5 minutes if required.
- PCA is very safe as long as **only you** press the button, as only you know the pain you can feel and how much painkiller you need. The nurses will check and record at regular intervals how much you are using.
- If you are using the PCA and continue to experience pain you must tell the nurse looking after you.
- You will not be able to leave the ward area when you have a PCA.

Morphine is commonly used following surgery and as with all drugs morphine can produce some unwanted side effects, these can include:

- tiredness/ drowsiness
- light-headed feeling
- vivid dreams
- itchiness
- nausea, vomiting
- constipation

Treatments are readily available to treat any unpleasant side effects so it is very important for you to report any symptoms. If you are unable to have morphine there are alternatives that can be used. You can have a PCA until you are able to take medicines by mouth.

Patient Information

Patients sometimes worry about becoming addicted to strong medicines like morphine but when used to treat pain after surgery it does not cause addiction.

Epidural analgesia

Epidural analgesia is administered using a small plastic tube (catheter), which is placed into the epidural space in your back. The epidural space is near your spine and nerves pass through this to the spinal cord.

The plastic tube is used to give pain-relieving medicines from a pump that act on these nerves and stop pain messages reaching the brain. Epidural catheters are inserted by anaesthetists, usually just before your surgery. Your anaesthetist will explain any possible side effects and you will be given the opportunity to ask questions at that time.

Epidurals provide very effective pain relief with reduced side effects compared to some other methods of pain relief. If you do experience pain it is possible to change the epidural pump settings to give additional doses or alternatively change to a different method of pain relief.

As with all pain relief some side effects may occur such as:

- low blood pressure
- slight numbness or heaviness in the legs
- itchiness
- occasional headaches
- nausea and vomiting

If you receive an epidural you will be monitored closely and will be able to discuss any other concerns with your anaesthetist before surgery. Generally most patients have excellent analgesia with very few side effects. Most people have full power in their legs and are able to get out of bed and mobilise.

An epidural is normally required for the first few days after major surgery and then the majority of patients can be started on PCA, tablet or liquid forms of painkillers. The removal of the epidural catheter is usually a quick and painless procedure.

Nerve Blocks

A nerve block is when the nerve supply to an area that is being operated on is anaesthetised with local anaesthetic solution. This may make the area or limb being operated on feel weak or numb. Nerve blocks normally last for approximately 12 hours following surgery. Some patients may also have a continuous infusion of local anaesthetic via a small pump. In addition to the nerve block, patients will also be prescribed additional painkilling medicine.

Your anaesthetist will explain the nerve block procedure to you.

With all nerve blocks there is a very rare chance of nerve damage, but modern techniques make the risk of this extremely low and the pain relief they provide is very good.

Painkillers to Take At Home

When you are ready to be discharged from hospital, the ward doctors will write a prescription for painkillers along with other medicines that they want you to continue at home.

You should take the painkillers as prescribed and at the prescribed intervals. If you are not sure about how or when to take painkillers please ask the ward nurses before you are discharged. Usually pain will gradually reduce as your body recovers and the amount of medication you take to relieve the pain will slowly reduce. It is important that you stop taking the painkillers when you no longer feel the discomfort. Some strong pain relieving medicines such as morphine can become addictive and should be discontinued when no longer required. The pain should improve with time and the painkillers can then be discontinued.

Once you have been discharged from hospital, if you have any problems with pain, you should contact your G.P.

The Pain Service

At the University Hospitals Coventry and Warwickshire NHS Trust, we aim to provide the safest and best pain relief for all patients after surgery. To achieve this we have an acute pain service provided by a team of specialist nurses. The team is available weekdays to advise and answer any questions that you may have about pain relief. If you would like to speak to one of the team you can ask the ward nurses to contact us.

Patient Information

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact the pain management secretaries on 024 7696 5878 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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