

# Pain relief after surgery

A patient's guide



This leaflet gives you information about pain relief after your operation at Papworth Hospital. It has been adapted from a patient information leaflet produced by the Royal College of Anaesthetists written by patients, patient representatives and anaesthetists, working in partnership.

You can find more information about anaesthesia, critical care and pain relief in other patient information leaflets on the website [www.youranaesthetic.info](http://www.youranaesthetic.info).

Large print copies are available on the website.

These leaflets are also available from the Department of Anaesthesia & Critical Care at Papworth Hospital.

*The leaflets include the following:*

- You and your anaesthetic (a basic leaflet)
- Anaesthesia explained (a more detailed booklet)
- Epidurals for pain relief after surgery
- Headache after an epidural or spinal anaesthetic

### **Risks associated with your anaesthetic**

A collection of 14 articles about specific risks associated with having an anaesthetic has been developed to supplement the patient information leaflets. The risk articles are available on the website [www.youranaesthetic.info](http://www.youranaesthetic.info)

## Introduction

Good pain relief is important for general well-being - it alleviates suffering and it helps you recover more quickly.

- There are different methods of pain relief which your anaesthetist will discuss with you before your surgery so that you can make an informed decision about which method you would prefer
- Some people need more pain relief than others. Feeling anxious may increase the pain you feel
- Pain relief can be increased, given more often, or given in different combinations
- Occasionally, pain is a warning sign that there is a serious problem, so you should always ask for help when you feel pain

## Good pain relief helps prevent complications

- If you can breathe deeply and cough easily after your operation, you are less likely to develop a chest infection
- If you can move around freely, you are less likely to get blood clots (deep-vein thrombosis or DVT)

It's much easier to relieve pain **before** it gets severe. It's best to ask for pain relief as soon as you feel pain, and continue the treatment regularly.

## **Before coming to hospital**

When you come to the Pre-Admission Clinic you will be asked about the current medication you are taking. You should include all the medicines, herbal remedies and supplements that you are taking, both prescribed and over-the-counter. You will also be asked about any allergies or sensitivities you may have.

Make sure you tell the pharmacist if you take medication for persistent pain so that the Acute Pain Management Team can be informed. This will ensure that your anaesthetist is able to provide the best possible pain relief after your operation.

## **Ways of giving pain relief**

- **Capsules, tablets, or liquids to swallow**

Capsules, tablets and liquids may be used for all types of pain. They take about 15 to 20 minutes to work and should be taken regularly. You need to be able to eat, drink and not feel sick for these drugs to work.

- **Injections**

Injections may be given through a cannula (a short plastic tube) into your vein (intravenous) or into your leg or buttock muscle (intramuscular) using a fine needle. If they are given in your vein, injections work within two to three minutes. Injections given into your muscle take about 15 to 20 minutes to work.

- **Suppositories**

A suppository is a small waxy pellet which is placed in your back passage (rectum). The pellet dissolves and the medication passes into the body. They are useful if you cannot swallow or if you feel sick and might vomit. Suppositories take about 30 minutes to work.

- **Intravenous infusion**

This is a method of pain relief which uses a machine that continuously infuses an opioid (a strong painkiller) into a cannula in your vein in your hand or arm. The amount of painkiller you require is controlled by the nurse looking after you. This method of pain relief may be used for one to two days after an operation.

- **Intravenous Patient-Controlled Analgesia (PCA)**

This is a method of pain relief which uses a machine that allows you to control the amount of painkiller you need. A pump which contains morphine (a strong painkiller) is linked to a handset which has a button. When you press the button, you will receive a dose of painkiller morphine into a cannula in your vein. You can only receive one dose every five minutes. The painkiller will work within two to three minutes. You cannot give yourself too much of the painkiller.

- After your operation, the nurses in recovery and on the ward will remind you how to use the handset. It is important that you press the button when you need to breathe deeply, cough or move after your operation.

- **Regional anaesthesia  
Epidural analgesia**

Is a type of regional anaesthesia. If you agree, your anaesthetist may decide to insert a catheter (a long, fine plastic tube) into your back which will stay in place for up to three days. Medication is delivered continuously through the catheter to provide adequate pain relief.

Once the epidural catheter is removed, you can take different painkillers. If your anaesthetist would like you to consider having an epidural, you will be given the leaflet 'Epidurals for pain relief after surgery', which contains more information.

**Extraleural analgesia** is another type of regional anaesthesia. Your anaesthetist and surgeon may decide to place a catheter into the space between your lung and your ribs during your operation. The catheter will stay there for about three days continuously delivering pain relief medication. After the catheter is removed, you can take different pain killers.

## **Pain relief medication you may receive**

- **Local anaesthetics**

Local anaesthetic drugs are used for regional anaesthesia such as epidural analgesia and extraleural analgesia. These medications include Lidocaine (Lignocaine), Bupivacaine and Levo-Bupivacaine.

- **Opioids**

Opioids are strong painkillers often used for severe pain. They include Morphine, Fentanyl, Tramadol and Dihydrocodeine. They may be given by tablets, injections, intravenous infusion or intravenous patient-controlled analgesia (PCA). They may also be used for epidural analgesia along with local anaesthetics.

Some people may experience side effects - the most common include feeling sick, vomiting, itching, constipation, and drowsiness. Larger doses can produce breathing problems and low blood pressure. The nursing staff will monitor you closely for these. Your reaction to opioids may affect you considerably. One in three

people find these medications unpleasant. The side effects can be treated effectively with other drugs. Anti-sickness medication can be given if you feel sick. Regular laxative medication is given to prevent constipation.

- **Non-steroidal anti-inflammatory drugs (NSAIDs)**

Non-steroidal anti-inflammatory drugs (NSAIDs) such as Diclofenac or Ibuprofen may be given as a suppository or as tablets. These drugs must be used with caution by people with asthma, kidney disease, heartburn or stomach ulcers

- **Paracetamol**

You will be given regular paracetamol either by injection into a cannula in your vein or as tablets after your operation.

## Acute Pain Management Service

Papworth Hospital has a team of people dedicated to providing the best possible pain relief for you after surgery. The Acute Pain Specialist Nurse may visit you prior to your surgery to discuss ways to control your pain. The Acute Pain Team may also visit you after your operation. You can ask to see a member of the Acute Pain Team at any time. Your questions will be very welcome.

## After your operation

Your pain and nausea will be regularly assessed so that we can treat you effectively. Nursing staff will use a pain scale to assess your pain. Your pain will be assessed on movement and at rest to make sure you are receiving adequate pain relief.

The two pain scales used at Papworth Hospital are the verbal rating scale and the numerical rating scale. We will aim to keep your level of pain at the minimum score.

### Verbal rating scale

No pain	0
Some pain	1
Considerable pain	2
Severe pain	3

### Numerical rating scale

No pain	0 out of 10
(0 being the lowest score)	
Severe pain	10 out of 10
(10 being the highest score)	

Good pain relief is vital so that you will be able to do daily activities and work with the physiotherapists. It is important that you take your painkillers regularly.

**Please remember - don't suffer in silence - it's important that your pain and nausea are well-controlled**

## Problems after your operation

- **Sickness and vomiting**

Not everyone feels sick after an operation but it is a common problem. Some operations, anaesthetics and pain relief medications are more likely to cause sickness (nausea) and vomiting than others. Fortunately sickness can be effectively treated with anti-sickness medication (given as either tablets or injections). However, sickness and vomiting may last from a couple of hours to a couple of days.

**Just like relieving pain, it's much easier to treat sickness before it gets severe. It's a good idea to ask for treatment as soon as you feel sick to stop it getting worse.**

- **Constipation**

Some pain relief medications may cause constipation which can be unpleasant. You will receive regular mild laxative medication to ensure regular bowel function.

## Day of discharge from hospital

The pharmacist or nurse will give you instructions about your medication that you will take home. You will also receive advice about how to gradually reduce your intake of painkillers after you leave hospital. Don't hesitate to ask any questions. After you leave hospital, you can get advice about pain relief from the Patient Advice & Liaison Service (PALS) or from your General Practitioner (GP).

### For further information

Please contact the Acute Pain Specialist Nurse or the Lead Consultant for Acute Pain Management:

#### **Acute Pain Management Service**

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