

Information for Adults leaving hospital after surgery

An information guide



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This leaflet gives you or your carers helpful information after you leave our hospital after surgery.

It includes information about how you can manage your pain after surgery and some general advice about problems that might occur.

At the back you will find phone numbers in case you need to speak to someone about any problems that occur in the first 24 hours after you leave hospital.

Managing your pain

Pain is a normal response but can be controlled if you take your painkillers regularly. It may be mild, moderate or severe. Pain may stop you doing things you normally do. It may disturb your sleep. If left untreated pain can slow your recovery.

It is much easier to relieve pain if it is treated before it becomes severe. **We strongly advise you to take your painkillers regularly for the first three days after your operation.** Your pain will probably be worse on the second day when you become mobile. After three days you can still take your painkillers if you need them.

Please refrain from drinking alcohol for at least 48 hours after your operation.

Below you will find a guide to common types of painkillers that may have been prescribed for you.

Paracetamol

This is a very good, simple painkiller for mild to moderate pain. It helps other painkillers work for more severe pain. It can be taken on its own or with other painkillers. It is most helpful when taken regularly. Take two tablets (1 gram in total) four times a day, or as prescribed. There must be at least 4 hours in between doses.

Do not take more than eight tablets of Paracetamol in 24 hours, or more than is prescribed (each tablet is 500mg, so do not take more than 4 grams in a 24 hour period). You must not take any other medicines that contain paracetamol. These include co-codamol, co-codydramol and many over-the-counter cold remedies.

Ibuprofen

This is also a painkiller, which may be taken together with paracetamol for mild to moderate pain. Take two tablets (400 milligrams in total) three to four times per day with food, or as prescribed.

Do not take more than eight tablets of Ibuprofen in 24 hours, or more than is prescribed (each tablet is usually 200mg, so take no more than 1.6 grams in a 24 hour period).

If you get any of these side effects, stop taking the Ibuprofen and seek medical advice:

- **Stomach pain**
- **Heartburn for the first time**
- **Vomiting blood**
- **Passing black stools**
- **Wheezing or shortness of breath,**
- **Skin rashes.**

You should not take Ibuprofen if it is known to make your asthma worse; if you have a history of stomach ulcers; you have kidney problems or if you are taking similar drugs, such as aspirin or diclofenac.

Codeine

This painkiller may be taken together with paracetamol and ibuprofen for moderate to severe pain. The dose is one or two tablets (each tablet is 30 milligrams) every four to six hours, or as prescribed. There should be 4 hours between doses.

Do not take more than 8 tablets in 24 hours.

You must not drink any alcohol or take sleeping tablets which contain codeine. Common side effects include:

- **Sleepiness**
- **Dizziness**
- **Nausea**
- **Constipation**
- **Vivid dreams may occur.**

Do not be alarmed if you experience any of these side effects as they are quite common. If you need to take codeine because of severe pain, rest quietly at home and ensure you drink enough fluid and eat enough fruit and fibre in your diet.

Other painkillers you may be given.

Co-Codamol

These painkillers combine paracetamol and codeine. They should be taken every four to six hours, no more than four times in 24 hours. They also have the same side effects as codeine.

You should not take paracetamol if you are taking co-codamol or co-dydramol. Please also refer to the medication labels found on the packaging on each of your painkillers for instructions on their use.

Oxycodone (Oxycontin/Oxynorm)

Oxycodone is a relatively new drug.

It may be given to you instead of codeine. It comes in two versions, a long acting sustained release version called Oxycontin (usually taken every 12 hours), and an immediate release version called Oxynorm (for 'breakthrough' pain).

The usual dose of Oxycontin is 10mg twice a day, and the usual dose of Oxynorm is 5-10mg when required (maximum every four to six hours). Side effects are similar to those of codeine.

Tramadol

This may be given to you instead of codeine. The dose is one to two tablets (50 to 100 milligrams), taken every four to six hours. Side effects are similar to those of codeine.

Oramorph

This is liquid morphine, a strong painkiller for severe pain. It is usually given for use when needed, in addition to regular pain killers. It is important that you do not take more than the prescribed dose, as it could cause breathing problems. Side effects are similar to codeine but may be more severe.

Gabapentin/Pregabalin

These are painkillers usually used to treat certain types of nerve pain. They are different to the other painkillers listed here and can be used alongside. You would usually only be sent home with gabapentin or pregabalin if you were already taking them before your procedure, although you may receive them for a short period after certain types of surgery.

Pain relief after nerve blocks

The anaesthetist may have provided you with a nerve block to help with pain control. This is similar to your dentist giving local anaesthetic for dental surgery.

The part of the body blocked (usually shoulder or arm, sometimes leg or another part of the body) may be numb for 12 to 24 hours after the operation. It is important to take your painkillers before the numbness starts to wear off.

You may feel the sensation of 'pins and needles' and discomfort as the block starts to wear off.

If the nerve block was given at 9am, then you should take your painkillers at 9pm even if you are still numb. It is much easier to relieve pain if you treat it before it gets bad. When the nerve block wears off you will need to take the painkillers regularly as instructed.

It is important to take care of your arm or leg at home if it is numb after a nerve block. Keep your arm in a sling and out of harm's way until the block has worn off. Do not rest your limb on a warm surface as you may not be able to feel the heat. Be careful not to allow your limb to be in a place where it might be accidentally injured because it is numb.

Please contact the Anaesthetic Department on 0161 627 8385 if the limb is still numb or weak more than 24 hours after the operation.

General problems that may occur

If you need advice or help about any of the following problems please see the Where to get help section on Page 10 of this leaflet.

Wound problems, or feeling generally unwell

A surgical wound infection can develop at any time from 2 to 3 days after surgery until the wound has healed. Very occasionally an infection can occur several months after an operation.

Many surgical site infections are not very serious affecting only the skin however, some can occasionally spread to deeper tissues. Infections are more likely to occur after surgery on parts of the body that harbour lots of germs, such as the gut.

If you have an infection in your wound, you might:

- Feel more pain in your wound
- Have a red, hot or swollen wound
- Have green or yellow pus coming from the wound
- Start to get a bad smell from the wound

If your wound gets an infection it will need looking at by your nurse or doctor (GP).

If you feel generally unwell, or get a high temperature

- This can be a sign of more serious infection in your body

If this happens it is important to get help quickly, as described in the Where to get help section on Page 10.

Nausea and vomiting

Nausea after an operation is quite common however, it should have settled by the time you leave hospital. If this develops at home then you may want to seek advice, according to the Where to get help section on Page 10, particularly if you have other symptoms.

Problems after spinal or epidural

If you had an epidural or spinal during your anaesthetic for surgery, it is important to be aware of certain problems that may occur. If you develop any of these problems seek help according to sections below.

Headache

Headaches after surgery are common, whether or not you have had a spinal or epidural. However after an epidural or spinal a certain type of headache may develop. It is uncommon and occurs between one day and one week after the procedure.

This is usually a severe headache, felt at the front or back of your head. It gets better when lying down and worse on sitting or standing. Along with the headache you may experience neck pain, sickness and a dislike of bright lights. Most patients describe it as a very bad migraine or ‘...it was like the worst hangover in the world...’

If this type of headache occurs please attend your local Emergency Department.

Weakness, numbness, or problems going to the toilet

The needle or epidural tube can cause bleeding in your back.

This is rare and is unlikely to start after you go home. However if it did happen you might have:

- Weakness in your legs
- Loss of feeling in your lower body, between your legs, or where you wipe when going to the toilet.
- Difficulty passing water or opening your bowels

If you notice any of these problems after leaving hospital or if they are getting worse, it is important you are assessed by an anaesthetist *as soon as possible*. Please contact the Anaesthetic

Department on 0161 627 8385 or attend the Emergency Department urgently.

The needle or epidural tube can also occasionally damage nerves in your back. This could cause a patch of numbness or weakness in your lower half and gets better in most people after a few days, weeks or months. Permanent damage is rare. If you feel that this is not getting better then please contact the Anaesthetic Department on 0161 627 8385 or see your GP.

Redness or soreness around spinal or epidural site

Redness, swelling or pain *that gets worse* in the lower back where the spinal or epidural was placed, may be a sign of infection.

If this happens please see your GP or practice nurse.

If you become generally unwell and have a high temperature as well, or if you develop numbness or weakness in your legs, or start to have problems passing water or opening your bowels, this might be due to a more serious infection.

In this case, see your GP urgently, call the NHS111 helpline, or visit your local Emergency Department.

In the 24 hours after your surgery

If you are discharged on the day of your surgery you must be with a responsible adult for the first 24 hours due to the slight risk of problems at home, such as drowsiness.

In addition you should not drink alcohol, drive a vehicle, look after small children, or make important decisions during this time.

Where to get help

During the first 24 hours after discharge

If you have any problems you would like to discuss with a member of the hospital team, please call the number of the ward on which you stayed from the list below.

After this time

Please contact your GP, pharmacist, district nurse, the NHS111 helpline, or visit your local Emergency Department as appropriate.

If you are worried that a problem may be serious, or if you are generally unwell or have a high temperature

You can get urgent advice from the NHS111 helpline (ring 111 from any phone). If you are worried that it is an emergency visit your local Emergency Department or call 999.

Ward telephone numbers

Ward F1: 0161 627 8857 or 0161 627 8858

Ward T3: General Enquiries 0161 627 8850

Wound problems 0161 778 5090

Ward T4: 0161 627 8853 or 0161 627 8854

Ward T5: 0161 627 8428 or 0161 627 8429

Ward T6: 0161 627 8252 or 0161 627 8253

Ward T7: 0161 778 5832

Hospital Switchboard: 0161 624 0420

Other information

Where can I get more information about painkillers?

Patient UK website: www.patient.co.uk/

NHS Choices website: www.nhs.uk/Pages/HomePage.aspx

Patient Advice and Liaison Team (PALS)

PALS provide information and support to patients and carers and will listen to your concerns, suggestions or queries.

The service is available between 09:30 and 16:30 hours Monday to Friday.

Telephone: 0161 604 5897

Email: pals@pat.nhs.uk

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

اگر انگریزی آپ کی پہلی زبان نہیں ہے اور آپ کو مدد کی ضرورت ہے تو ، براہ کرم ترجمانی اور ترجمہ خدمت سے رابطہ کریں

Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

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إذا لم تكن الإنجليزية هي لغتك الأولى وتحتاج إلى مساعدة ، فيرجى الاتصال بخدمة الترجمة الشفوية والتحريرية

☎ : 0161 627 8770

@ : interpretation@pat.nhs.uk

To improve our care environment for Patients, Visitors and Staff, **Northern Care Alliance NHS Group** is Smoke Free including buildings, grounds & car parks.

For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).

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