

# Pain relief after surgery

An information guide



# **Pain relief after surgery**

When coming to hospital for surgery patients are understandably concerned about pain. We need your help to work together to keep your pain to a possible minimum.

Good pain relief is important. It prevents suffering and it helps you to recover quicker. Your anaesthetist will discuss different pain relief methods with you before your surgery so you can make an informed decision about which you would prefer.

- Some people need more pain relief than others. Worry increases the pain that people feel.
- Pain relief can be increased, given more often, or given in different combinations.
- Occasionally, pain is a warning sign that all is not well, so the nursing staff should be told about it.

## **Good pain relief helps prevent complications**

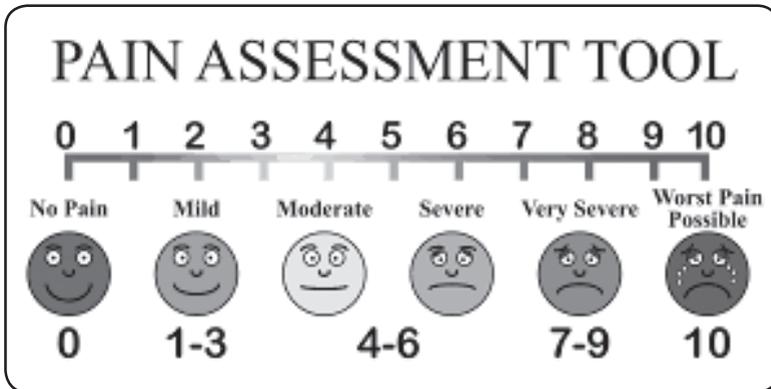
- If you can breathe deeply and cough easily after your operation, you are less likely to develop a chest infection.
- If you can move around freely, you are less likely to get blood clots (deep-vein thrombosis commonly known as a DVT).
- Good pain relief can prevent bed sores, stiff muscles and joints by helping you to move around.
- It is much easier to relieve pain if it is dealt with before it becomes a problem. So, please ask for help as soon as you feel pain and continue the treatment that you are given regularly.

## Rating your pain

During your stay in the hospital you will be asked regularly to rate your pain. This will give us an idea about how much pain you are in and we can also monitor the effect of the pain relief.

We will ask you if your pain is mild, moderate or severe. Sometimes this is expressed as a number where 1= mild pain, 2= moderate pain, 3= severe pain and 0= no pain at all. We will ask you this when you are sitting quietly and if it changes if you move or cough.

Do not worry if this method does not suit you we can offer alternative ways to discuss and assess your pain.



## Pain relief teams

We have a team of nurses and anaesthetists who specialise in pain relief after surgery. The anaesthetist will try to visit you before major surgery to discuss ways to control your pain.

## **Methods of pain relief**

Good pain relief is important and some people need more pain relief than others. It is much easier to relieve pain if it is dealt with before it becomes a problem. Pain relief can be increased, given more often, or given in different combinations.

**Here are some ways of giving pain relief - these methods can be combined.**

### **Self help**

People experience less pain if they are aware of what is happening to them. Never be afraid to ask for an explanation.

### **Pills, tablets or liquids to swallow**

These are used for all types of pain. They take about half an hour to work and should be taken regularly. You need to be able to eat, drink and not feel sick for this method to suit you.

### **Suppositories**

These waxy pellets are placed in your back passage (rectum). The pellet dissolves and the drug passes easily into the body. They are useful if you cannot swallow or if you are likely to vomit. They are often used to supplement other methods. They take about 30 minutes to work.

### **Injections**

These are often needed, and are given either into a vein, for immediate effect, or into your leg or buttock muscle. Drugs given under the skin or into a muscle may take up to 20 minutes to work.

The above methods can be combined.

## **Patient-controlled analgesia (PCA or “the button”)**

This is a method which uses a machine that allows you to control your pain relief yourself.

It has a pump which contains a strong painkilling drug. The pump is linked to a handset which has a button. When you press the button, you receive a small dose of the drug painlessly into your drip or cannula. The system has a lockout period and cannot deliver the drug too frequently.

As long as only you press the button, you are very unlikely to overdose. Please do not ask relatives, friends or nurses to press it for you. The staff will observe you closely whilst you are using the PCA.

## **Local anaesthetics and nerve blocks**

Local anaesthetics block the transmission of impulses along a nerve – they stop the nerve ‘carrying the message’ to and from the brain. These types of anaesthesia can be very useful for relieving pain after surgery.

A local anaesthetic involves injections, which numb a small part of your body and helps you to feel less or no pain at all as they block the transmission of impulses along a nerve – they stop the nerve ‘carrying the message’ to and from the brain.

For nerve blocks local anaesthetic is injected around different nerves depending on which part of your body will be operated on. The injection may be far away from the site of your operation. You may remain awake, have some sedation or general anaesthetic together with a nerve block.

It may be possible to give the local anaesthetic by infusion which will prolong the degree of pain relief obtained. This is not suitable for all nerve blocks.

Local anaesthetics may also be given by an intravenous infusion during or shortly after your operation. This is a widely used but unlicensed use of local anaesthetics. Your anaesthetist will discuss this with you before commencing the infusion and you will be closely observed throughout. Please see below for more information about the unlicensed use of drugs in pain relief.

Local anaesthetics have very few side effects. Very rarely high levels of local anaesthetic in the blood may develop. This may cause fitting or slowing of the heart.

For more information about local anaesthetics and nerve block ask for the corresponding patient leaflets.

## **Epidural or spinal injection**

Your anaesthetist may decide an epidural or spinal injection is suitable for your treatment.

An epidural is a local anaesthetic delivered through a catheter (small tube) into a vacant space outside the spinal cord called the epidural space. The injection can cause both a loss of sensation and a loss of pain by blocking the transmission of signals through nerves in or near the spinal cord.

The spinal injection is a single injection in to your back for operations below the waist. It will make you numb from the waist downwards. This means you cannot feel the operation being done.

If you wish to know anything further on these two techniques, please speak to your anaesthetist or a member of staff can give you a leaflet with more information.

## **Drugs you may receive**

### **'Simple' pain relievers**

These include paracetamol and the non-steroidal anti-inflammatory (NSAIDs) type of drug such as ibuprofen or diclofenac. They may be given as tablet, suppository or injection. If taken regularly they can greatly reduce the pain felt after surgery and are often sufficient by themselves.

Side effects of NSAIDs include stomach pain, delayed blood clotting and worsening of asthma or kidney disease. They must be used carefully by people with asthma, kidney disease and heartburn or stomach ulcers.

### **Opiates**

These are the drugs often used for severe pain. They include morphine, diamorphine, codeine, tramadol, oxycodone and pethidine. They may be given by syrup, tablets, injections or patient-controlled analgesia pumps. They may also be added to spinal or epidural nerve blocks to give longer and better pain relief.

Some people have side effects - the most common include feeling sick, vomiting, constipation, and drowsiness. Larger doses can produce breathing problems and low blood pressure (hypotension).

The nursing staff will watch you closely for these. These side effects can be treated with other drugs. The reaction to opiates varies considerably from person to person. One in three people find opiates unpleasant. If you do experience side effects we will try and control them with other drugs.

## **Adjuvant drugs**

Some drugs which were not designed as painkillers nevertheless have some pain-relieving effects. These may be used alongside opiates and simple pain relievers. The most commonly used adjuvant drugs are gabapentin and pregabalin (originally designed for epilepsy) and duloxetine (originally an antidepressant). Your anaesthetist, the pain team or the surgical team looking after you will discuss these with you.

## **Unlicensed use of drugs**

The vast majority of drugs used during your treatment will have been licensed for their use in this manner. Very rarely your anaesthetist may feel that you will benefit from a drug being used for a reason which is not covered by the product licence for that drug. There will be a good reason for this which will be discussed with you beforehand if possible.

## **How do I ask further questions?**

Ask the nursing staff or your anaesthetist.

Further sources of information about epidural anaesthesia are available from the website. [www.youranaesthetic.info](http://www.youranaesthetic.info).

Most hospitals have a team of nurses and anaesthetists who specialise in pain relief after surgery. You can ask to see a member of the pain team at any time. They may have leaflets available about pain relief.

## **Questions you may like to ask your anaesthetist:**

Who will give my anaesthetic?

Do I have to have this type of pain relief?

Have you often used this type of pain relief?

What are the risks of this type of pain relief?

Do I have any special risks?

How will I feel afterwards?

**Notes:**



**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

ইংরাজী যদি আপনার প্রথম ভাষা না হয় এবং আপনার সাহায্যের প্রয়োজন হয় তবে অনুগ্রহ করে দোভাষী এবং অনুবাদ পরিষেবাটিতে যোগাযোগ করুন

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).

 [www.facebook.com/NorthernCareAllianceNHSGroup](http://www.facebook.com/NorthernCareAllianceNHSGroup)

 [www.linkedin.com/company/northern-care-alliance-nhs-group](http://www.linkedin.com/company/northern-care-alliance-nhs-group)

 Northern Care Alliance NHS Group (NCA) @NCAlliance\_NHS

**Date of publication: February 2006**

**Date of review: September 2020**

**Date of next review: September 2022**

**Ref: PI\_DS\_226**

© The Northern Care Alliance NHS Group

[www.pat.nhs.uk](http://www.pat.nhs.uk)

[www.northerncarealliance.nhs.uk](http://www.northerncarealliance.nhs.uk)

