

Pain relief after surgery

Patient Information

Acute Pain Service



The Patient Information Leaflets page on the Trust website is available on the link:
<https://www.wwl.nhs.uk/patient-information-leaflets> or scan the QR code.

Author ID: Pain team
Leaflet ref: Pain 003
Version: 7
Leaflet ref: Pain relief after surgery
Last review: July 2021
Expiry Date: July 2023



Introduction

This leaflet describes some of the common techniques used to control your pain following surgery. You can discuss these more in depth with your anaesthetist, or you can request to see a member of the pain team if available or ward doctor, prior to your surgery.

Good pain relief is important in your recovery following surgery. The importance of having pain killers regularly is to:

- relieve/reduce pain
- assist in deep breathing and coughing to prevent the development of complications (chest infection)
- enable you to move and undertake physiotherapy
- reduce your hospital stay

Painkillers can be provided by the following methods, depending on your surgery

- oral pain killers
- injections
- patient controlled analgesia (pump containing strong pain killers)
- epidural
- local anaesthetic - regional blocks/wound infusions

Oral painkillers

You may be given 2 or 3 different types of painkillers together at regular intervals to help control your pain. These may include Paracetamol, Codeine or Tramadol and may include a non-steroidal anti-inflammatory such as Naproxen or Ibuprofen. Taking painkillers orally are effective and take approximately 30 to 40 minutes to start working. It is important to ask the nurses for painkillers before the pain becomes too severe as it will take longer to manage the pain. If you are feeling nauseous and unable to take oral pain killers then alternatives can be given as suppositories or intravenously, both of which work very well until oral route is available

Injections

Painkiller can be injected into your thigh muscle or through a small tube inserted into your vein. This method can be very effective but can wear off more quickly

Patient controlled analgesia (PCA)

This method of painkiller allows you to control your own pain relief. It allows you to only take the amount of painkiller required. A machine with a handset will provide a small, measured dose of pain killer when the handset is pressed. It is advisable to press the button before doing anything that you may think will prove to be painful, such as getting out of bed, coughing or deep breathing. A nurse will help you to learn how to use this.

Epidural analgesia

Your anaesthetist may recommend an epidural infusion following your surgery.

An epidural is simply a fine tube (epidural catheter) to be placed into your back which delivers painkillers and pain numbing drugs (local anaesthetic) in a continuous infusion which can be topped up by the anaesthetist or by yourself using a button. This method can be very effective at numbing the pain and may also numb your legs slightly too. You will be asked to raise your heels off the bed to relieve pressure. Nurses will check the area where the catheter is placed at least once per day during the infusion and will continue to observe once daily until the epidural catheter has been removed for any signs of infection or bruising.

The epidural is usually kept in place from two to four days. Once the epidural is switched off, you will receive oral pain killers to manage your pain. Once your pain is controlled the epidural catheter will be removed.

Local anaesthetic/regional block/wound infusion

The anaesthetist may recommend a painkiller using local anaesthetic. Local anaesthetic works by blocking the pain messages and numbness may occur around the area of the operation site. This may be as a one-off dose or as a continuous infusion via a small tube placed into your wound/operation site for approximately 48-96 hours and inserted during your operation. Other methods of analgesia will be given such as oral painkillers and/or PCA pump.

You may feel a slight loss of muscle power or a tingling sensation at your operation site, but this should stop once the infusion has stopped.

Enhanced recovery after surgery

Enhanced recovery is a way of treating patients postoperatively to recovery faster from surgery. The pain relief for enhanced recovery varies depending on the surgery. You may regime of oral strong long acting (Opiate MR) and short acting (Opiate IR). Simple oral painkillers such as Paracetamol, anti-inflammatory and neuropathic medication may also be given regularly. If the painkillers are not managing your pain, please inform your nurse who will consult with your team and an alternative analgesic regime might be prescribed.

Please do not worry about becoming addicted to painkillers. For the time that you will need painkillers this will not be a problem. In fact, the side effects of having pain can be worse if you are unable to move comfortably after your operation. Painkillers are an important part of your care; please do not try to put up with the pain. It is better that your pain is controlled well from the start.

Pain team

The pain team along with the ward staff will do their best to make sure your stay will be as comfortable as possible. If you feel the painkillers are not effective in managing your pain, please discuss this with your nurse or doctor caring for you.

A member of the pain team or anaesthetic team is available to speak to you during your hospital stay and can be arranged by asking your ward nurse.

If you take painkillers regularly at home, have experienced any problems with pain management previously or have any allergies to any pain medications, please advise your pre-operative nurse who will inform the pain team/anaesthetist.

Painkillers to take home

You will be discharged from hospital with painkillers (tablets) to take home. A letter with this information will be sent to your GP to inform them of this. Most people do not require additional painkillers but if you do, please contact your GP.

Enquiries

If you have any worries about your pain at home, please contact your GP.

If you have any worries or concerns about pain management after surgery do not hesitate to ask the pre-operative assessment nurse or your ward nurse or Anaesthetist on day of surgery.

Please use this space to write notes or reminders.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

© Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust.
All rights reserved. Not to be reproduced in whole or in part without the permission of the copyright owner.

Call 111 first when it's less urgent than 999.



EMPLOYER RECOGNITION SCHEME

SILVER AWARD

Proudly supporting those who serve.

Phone: 0808 802 1212

Text: 81212

www.veteransgateway.org.uk

