Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Pain Relief After Surgery

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Pain Relief After Surgery

Patient Information

Acute Pain Service

The Patient Information Leaflets page on the Trust website is available on the link: Patient Information Leaflets or scan the QR code.

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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 Acute 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 such as a chest infection
- Enable you to move and engage with physiotherapy
- Reduce your hospital stay

Painkillers can be provided by the following methods, these generally depend on the type of surgery you are having:

- Oral pain killers
- Injections
- Patient controlled analgesia (pump containing a strong pain killer)
- 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 is effective and takes approximately 30 to 45 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 you may be prescribed anti-sickness medication alongside your oral painkillers.

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 recover faster from surgery. The pain relief for enhanced recovery varies depending on the surgery. You may be prescribed a modified release opiate which is a long-acting painkiller as well as a short acting immediate release opiate. Simple oral painkillers such as Paracetamol and anti-inflammatories 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.

Acute Pain Team

The Acute 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 Acute 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 Acute 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 the day of surgery.

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
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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.

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