

Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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Pain Control

Managing your pain after surgery

A patient's guide



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6. Resources and further information

Websites

The British Pain Society (<http://www.britishpainsociety.org/>)

The Royal College of Anaesthetists
(<https://www.rcoa.ac.uk/patient-information/patient-information-resources/patient-information-leaflets-video-resources/>)

International Association for the Study of Pain (IASP)
(<https://www.iasp.org/GlobalYear/AfterSurgery>)

National Institute for Health and Care Excellence (NICE)
(<https://cks.nice.org.uk/analgesia-mild-to-moderate-pain>)

Wellbeing Podcasts

Podcasts from the Mental Health Foundation
(<http://www.mentalhealth.org.uk/help-information/podcasts/>)

- Stress and relaxation: Quick Fix Breathing Exercise
 - Wellbeing and sleep: Quick Fix Relaxation Exercise
- Mindfulness – 10 Minute Practice Exercise Podcast

4. Other techniques

Other drugs as for example gabapentin or amitriptyline can be added for nerve type pain and they may help with post-surgical pain.

Local Anaesthetics: nerve blocks, epidurals/spinals or injections

These are given by your anaesthetist as an injection, either at or around the operating site, aiming to block the nerves that carry the pain signals.

Other options such as an epidural or spinal anaesthetic may be offered to you by your anaesthetist, as they can make a specific part of the body feel numb/heavy and provide good pain relief.

5. Summary

Some level of pain is expected after surgery. We aim to help to control your pain, which is not the same as being free from pain.

It is important that your pain is well controlled and you are able to mobilise, deep breathing and cough to avoid post-operative complications such as blood clots and chest infection. If the level of your pain is severe please ask the nurses for some additional pain relief medication

You will help us to control your pain more efficiently if you tell us when the level of pain increases so that we can discuss with you the best strategy such as the use of strong analgesics or non-drug techniques.

1. Introduction

There is good evidence to show that when pain is well controlled following an operation your recovery is quicker.

Your anaesthetist will discuss with you the options of pain relief that will meet your needs. In this leaflet we discuss some of the most common analgesic drugs/techniques. These can be used alone or in combination.

After your operation, nurses will regularly ask about your pain. It is important that you tell us how much pain you are experiencing. This will help achieve the best pain control possible. The pain team is available to help the ward nurses 24 hours a day.

2. What can you do to manage your pain?

Drugs and medicines can be used to help manage pain, but there are also other methods that can be used to help controlling your pain.

Positive thoughts may lift your mood and can help with the healing process. For example, watching movies, reading a book or newspapers, playing games or talking to family, friends and other patients can help, acting as a distraction.

Keeping active via movement and gentle exercise (according to advice given by your team) can stretch out muscles and help with recovery.

Breathing exercises such as concentrating on slow, deep breaths can keep you more relaxed, reducing anxiety and decreasing the tension in muscles. This can prevent worsening of pain and decrease chances of chest infection.

3. Medication used for pain relief

PAIN CHART			
No pain	Mild pain	Moderate pain	Severe pain
"Comfortable"	"A slight niggle/ache" "Feels uncomfortable"	"Really uncomfortable, moving about is painful"	"Worst pain imaginable" "Stops me coughing or moving completely"

Medication is used according to the intensity of the pain. We describe pain as mild, moderate or severe.

Paracetamol is very effective on its own if the pain is **mild**. You may be given a higher dose of paracetamol before your operation as a pre-medication 'loading' dose.

If the pain is **moderate** other drugs such as ibuprofen or diclofenac can be given in combination with paracetamol. These are known as non-steroidal anti-inflammatory drugs (NSAIDs) given as a tablet or suppository (medication given into the rectum). Some people may not be able to take NSAIDs as they can interfere with blood clotting, may cause nausea, stomach irritation and kidney problems. If you feel that you may be at risk of these side effects these drugs should be avoided. A weak opioid such as codeine is sometimes also added if pain is moderate.

If the pain becomes more **severe**, the addition of stronger opioids such as morphine may be required. These drugs can be given as a liquid, tablet, injection or patch.

Opioid drugs provide effective pain relief for **moderate** to **severe** pain. These are stronger painkillers and can cause more side-effects than paracetamol or ibuprofen.

Side effects of morphine like drugs (opioids)
Nausea and vomiting
Constipation
Drowsiness
Hallucinations
Breathing problems
Itching

You should tell the nurses or doctors if you are experiencing any of these side effects. Side effects may be related to the dose, or according to your sensitivity. Medications such as laxatives, anti-sickness or anti-itching can be added to combat side effects.

Can I become addicted to painkillers?

Addiction to opioids is rarely a problem when used to treat post-operative pain for a short period of time. If you use opioids for weeks or months, the body can require increasing doses to achieve the same effect, and an element of tolerance can develop. Therefore, your team will aim to reduce medication gradually as soon as possible, to avoid withdrawal symptoms. Please remember that you should discuss any concern related to addiction with your doctor, pain team or with your GP.