

Patient information

Managing pain and nausea after your operation whilst in hospital (Main theatres)

Pain is expected after surgery. The degree of pain depends on you and the type of surgery you are having. There are many effective treatments to help reduce pain after your operation. The different ways of relieving pain will be discussed with you by your anaesthetist and the nurses before your operation. We will discuss the different options and come to a shared decision about the most suitable choice for you and your type of surgery.

What is pain and how can it be measured?

Pain is an unpleasant sensation that people experience; it can occur after an injury or surgery. You will be asked to tell the doctors and nurses about any pain you have. They will ask about the severity of the pain at rest and on movement such as coughing or sitting out of bed. We aim to get you comfortable enough whilst doing these simple activities.

The most common way to grade pain after surgery is to ask you to score your pain with a number on a 0 - 10 scale. 0 (zero) would mean that you have no pain and at the other end of the scale 10 would be very severe pain. If you struggle to rate pain in this way, there are other methods that we can use. Please let us know that you would prefer another method.

Why do we treat pain?

Good pain relief is very important and has many benefits:

- Greater comfort while you recover from surgery.
- Quicker recovery as breathing exercises, mobilising and physiotherapy can all be managed with less discomfort.
- Improved results after surgery and fewer complications as good pain relief reduces the risk of problems such as pneumonia and blood clots.

How will my pain be treated?

There are many ways to treat pain and usually a combination of treatments gives the best results. The effectiveness of your pain relief will be assessed regularly and adjustments to the treatment will be made to optimise your pain control if required. We aim for patients to be able to cough, take a deep breath and move around the ward without experiencing significant discomfort.

It is much easier to improve pain if it is managed before it gets too severe, so you should ask for help when you experience pain and continue your treatment regularly.

The available methods for pain relief after an operation at the West Suffolk Hospital are:

- Tablets, liquids and suppositories
- Injections given by nurses, allied health professionals or doctors
- Patient controlled analgesia (PCA)
- Nerve blocks
- Spinal injections

Tablets, liquids and suppositories

If you can eat and drink, the best way to take simple painkillers such as paracetamol and ibuprofen is by mouth. If you are unable to swallow tablets we may give these medications in a liquid form, either for you to swallow or via a tube through your nose directly into the stomach. In some situations, it may be appropriate to give the medication as a suppository, the doctors and nurses will discuss this with you at the time if we think this applies to you.

We know that combinations of different types of analgesics (pain killers) provide the best pain relief.

Paracetamol is prescribed for all patients to take regularly after surgery, unless there is a reason this dangerous for you, such as an allergy or other medical condition. Research has shown it improves the effectiveness of other painkillers. It also reduces the side effects from stronger medicines because they may be given in a smaller dose. You may also be prescribed ibuprofen or a similar medication if it is thought to be appropriate for you. Some stronger medications such as codeine, dihydrocodeine, and morphine can also be given in either tablets or liquids and may be prescribed to help you after your operation.

Injections (given by doctors, allied health professionals or nurses)

When patients are experiencing a lot of discomfort, or when they are unable to take oral medication because of existing medical conditions or the type of surgery they've had, painkillers can be given by injection. This includes both the medications you might take at home and stronger painkillers. Injections may be given just below the skin, into a

muscle or into a vein. There are ways of giving injections through a small plastic tube (cannula) into the vein or skin. This means that you do not need to have multiple injections if you need more than one dose of a medication to get your pain under control.

Patient controlled analgesia (PCA)

A PCA is usually used for patients that have had major operations. It allows you to be in control of your own intravenous pain relief. Your anaesthetist will discuss this on the day if they think that it is appropriate for you.

A pump containing morphine, or another strong pain killer is connected to a drip which is usually placed in a vein in your arm. PCA allows you to tailor the amount of pain relief you need to your pain at any time of day and avoids any wait to for the ward staff to painkillers once you feel that you are uncomfortable. It also reduces the number of injections for some people.

The pump is attached to a handset, which you will be told how to use on the day. When you press a button on the handset, a small, safe dose of painkiller is given into the drip. There is no correct number of times to press the handset button as only you will know how much effect the medicine is having. The pump will emit a quiet “beep” to let you know that you have pressed the handset firmly enough. The pump records how many times the button is pressed to allow staff to decide if you are getting the dose that is best suited to your needs. It is important not to let the pain build up too much before pressing the button.

The pump is programmed to make sure that you cannot give yourself too much medication and will normally allow a dose every 5 minutes. This time interval can be adjusted to suit individual requirements.

PCA is very safe as long as **only** you (not your relatives or other visitors) press the handset button, as only you know the pain you can feel and how much painkiller you need to relieve it. If you have limited mobility your hands and are worried about being able to press the button, there are a variety of alternative control button designs that we can try.

PCA is a safe and effective way of giving strong painkillers. However, as with all drugs, it can produce some unwanted side effects, the more common of which are tiredness and a light-headed feeling, vivid dreams, itchiness, nausea and vomiting. Treatments are readily available to treat many of these unpleasant side effects, so it is very important to report any symptoms.

You can have PCA until your pain is improving and you are able to take medicines by mouth.

Patients sometimes worry about becoming addicted to strong medicines but when

used to treat pain after surgery. Your painkillers will be gradually reduced and instructions given to your GP on discharge to try and minimise this risk.

Nerve blocks

A nerve block is when the nerve supply to an area that is being operated on is anaesthetised with local anaesthetic solution. This will normally make the area or limb feel weak and numb. Nerve blocks normally last for the first 12 hours or slightly longer after surgery. In addition to the nerve block, most patients will also be prescribed pain-killing medicine.

Your anaesthetist will explain about when and how the nerve block may be performed. With all nerve blocks there is a very rare chance of nerve damage but modern techniques make the risk of this extremely low and the pain relief they provide is very good.

There are separate leaflets for each of the nerve blocks offered for operations at the West Suffolk. The type of nerve block will depend on the type of surgery you are having, they are not suitable for all operations.

There is more information about nerve blocks for patients provided by the Royal College of Anaesthetists (RCoA), available on their website:

Leaflet:

<https://www.rcoa.ac.uk/patients/patient-information-resources/leaflets-video-resources/peripheral-nerve-blocks>

Video (At the bottom of the webpage):

<https://www.rcoa.ac.uk/patients/patient-information-resources/patient-information-leaflets-video-resources>

Spinal injections

Injections can be performed into the fluid surrounding the spinal cord in the lower back. This is commonly known as a “spinal”. This is a very effective form of pain relief, particularly for many major operations on the abdomen. If this method of pain relief is being used then it is most commonly done with you awake, prior to you being given a general anaesthetic for the operation.

The injection usually contains a morphine-like painkiller and provides relief for the first 12-18 hours after the operation. It is not suitable for everyone; your anaesthetist will provide you with more information about this on the day if they think it is suitable for you.

If we think that a spinal is likely to be a good option for you when you are seen in the pre-operative clinic, we will provide you more information in another leaflet.

Nausea

The medical and nursing staff understands how unpleasant it is to feel sick or vomit after an operation and will treat these symptoms seriously and promptly, so it is important to inform staff if you do feel sick.

Before you have an anaesthetic you will be asked about any previous experience of sickness after surgery and other questions, which will identify if you are more at risk of being sick (such as motion sickness).

Effective anti-sickness treatments are available and can be given before, during and after surgery.

You can reduce the likelihood of feeling sick after surgery by avoiding sudden movements, starting to drink in sips before building up to a full cup and having light meals.

Painkillers to take at home

When you are ready to be discharged from hospital the ward doctors will write a prescription for painkillers along with other medicines that they want you to continue at home. How and when to take your painkillers will be explained before you leave the ward. You will not be discharged until your pain is well enough controlled on medication that you can administer at home.

Some painkillers work most effectively if taken regularly and if they are taken together with regular paracetamol (four times a day). Pay attention to which medications should be taken regularly, and which are only to be taken "if needed". You will be provided with written instructions to explain this.

We recommend your pain medication is reduced and then discontinued as healing occurs and discomfort decreases, which is usually within five days. We will only provide enough medication to cover this period. If you are needing more than this, you should seek medical advice, as it may be a sign that healing is not happening in the way we would expect after your operation.

You will receive a separate leaflet to explain the painkillers for after your operation and how you should stop taking them.

The Pain Service

At the West Suffolk Hospital, we aim to provide the safest and best pain relief for all patients after surgery. To achieve this, we have an acute pain service that is staffed by doctors and nurses to provide specialised pain treatment to any patients who require it. Many of those having major operations will be routinely reviewed by the pain service in the days after their operation

If you have not been seen by the acute pain service and you would like to contact them, please ask your doctor or nurse.

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email info.gov@wsh.nsh.uk. This will in no way affect the care or treatment you receive.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo) <https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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