

Patient information

Managing pain and sickness after day surgery

Pain is expected after surgery. The degree of pain depends on you and the type of surgery you are having. There are 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 come to a shared decision about the most suitable choice for you and your type of surgery.

Pain can stop you from doing the things you would normally do and disturb your sleep. This can lengthen the time it takes for your body to recover from the operation, so it is important that your pain is controlled. You should be able to breathe deeply, cough and move around normally. It is not always possible to remove your pain totally, but you should be comfortable.

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 medical staff 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 someone know that this is the case.

Your pain will be assessed at regular intervals whilst on the day surgery unit and painkillers will be given accordingly.

How will my pain be treated?

There are many ways to treat pain and usually a combination of treatments gives the best results.

The available methods of pain relief after an operation on the day surgery unit are:

- Tablets and liquids to swallow
- Injections given by nurses, allied health professionals or doctors
- Nerve blocks

Tablets and liquids

Tablets and liquids form the basis of pain control for operations on the day surgery unit. We usually use tablets, but if you cannot take tablets please let staff on the day know, there may be a liquid alternative.

You may be given tablets to take before your operation, to ensure that there is pain relief right from the start of your operation. Your anaesthetist on the day will discuss this with you.

- **Paracetamol:** It is the basis of post-operative pain management and should be taken regularly, usually every 6 hours. Other painkillers may be added if required. It is a good painkiller for mild to moderate pain. It also helps to increase the effect of other painkilling medication. Never exceed the maximum dose and never take paracetamol with other combination paracetamol-containing painkillers eg co-codamol.
- **Ibuprofen:** This is a very effective anti-inflammatory drug and can be taken every 6 - 8 hours. It is not suitable for everyone and cannot be used if you are already taking certain anti-inflammatory drugs. If you are unsure about taking Ibuprofen ask your doctor, a pharmacist or read the product information leaflet.
- **Compound pain killers:** (eg co-dydramol; co-codamol). These drugs contain paracetamol and an opioid. As the pain diminishes, stop taking these drugs and then **ONLY** take paracetamol, until the pain has gone. Never take paracetamol and paracetamol containing compound painkillers within 6 hours of each other.
- **Opioid painkillers:** These are strong pain killers and include codeine, morphine and other morphine-like preparations. These are normally prescribed for moderate to severe types of pain. Opioid painkillers are safe to be taken with paracetamol and ibuprofen if your pain is moderate to severe. They can make some people feel dizzy and sick.

If you feel you are not getting any pain relief from taking codeine, you may be one of the small numbers of people for whom codeine does not work well. Please see

your GP for an alternative. Morphine oral solution (Oramorph®) is a strong opioid painkiller and may be part of your discharge medication only if you were given it during your stay. Draw up the prescribed volume of morphine in the dedicated syringe and slowly press the plunger with the syringe tip in your mouth. You should not require morphine more than once every 4 hours. Dihydrocodeine is another commonly prescribed opioid for use at home. It is not the same as codeine and is generally more reliable as a pain killer.

Once your pain has resolved, any remaining unused strong opioids should be returned to your usual community pharmacy or dispensing practice for safe disposal.

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 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. These medications will not be given to you once you have left the recovery area.

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 other 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>

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.

Managing pain at home

Effective pain relief is achieved by taking your painkillers regularly. Do not leave taking your painkillers until your pain is really unbearable.

Take your painkillers to match the severity of pain you are experiencing. It may be useful to take painkillers 30 minutes before physiotherapy or doing more activity. Allow 20 - 30 minutes for the painkillers to work.

How to take your painkillers:

Paracetamol: 6 hourly

Ibuprofen: 6 - 8 hourly

Codeine: 6 hourly

or

Dihydrocodeine: 4 hourly

or

Morphine: 4 hourly

The medicines are most effective when given at staggered times throughout the day, so that as one wears off the other is working. If you feel this is not controlling your pain, see your GP.

WARNING

- Do not exceed the daily dose of your painkillers
- Do not take alcohol while taking painkillers
- Driving: Please be aware that opioid drugs may impair your driving ability

You may be liable to prosecution if your driving is impaired whilst you take these drugs.

Further information can be found at www.britishpainsociety.org.

Other information

- **Constipation:** Painkillers can cause constipation. If you develop constipation you can buy simple laxatives at any chemist.
- **Food:** It is advisable to always take ibuprofen with food as it can irritate your stomach.
- **Rest:** It is normal when recovering from surgery to feel tired and it is important to rest when you get home. Gradually increase your activity over a few days and be aware of how you are feeling before increasing your daily activities. Using pillows or cushions to support you can make you more comfortable.
- **Heat:** A hot water bottle, a heated towel or a heat pad can help relieve pain, but you must be careful not to overheat the skin as this can cause bleeding.
- **Cold:** A cold flannel or a bag of frozen peas wrapped in a towel may help to reduce swelling.
- **Massage:** A gentle massage around the affected area may also help but be careful not to rub too hard over the wound as it can affect healing.
- **Distraction therapy:** Tension makes pain feel worse, so anything that will help you relax and take your mind off the pain will help.
- **Complementary therapies:** If you have previous experience of using complementary therapies such as self-hypnosis, acupuncture, aromatherapy, reflexology or a TENS machine, inform your complementary therapy practitioner who may be able to help you prepare for your operation.

Stopping painkillers

You can start to reduce your painkillers that you are taking as your discomfort decreases.

Discontinue the strongest painkillers first (e.g. oral morphine or codeine). Then stop ibuprofen, if you are taking this. The last painkiller that you should stop is paracetamol.

If you need any help or information please contact the Martin Corke Day Surgery Unit between 7.45am and 8.00pm on **01284 713050** or **01284 713959**.

Time of last drugs given on Day Surgery Unit

Drug	Time
Paracetamol	
Ibuprofen	
Codeine or Dihydrocodeine or Morphine	

If you find it helpful, use the chart below to help you keep a record of the drugs you have taken

Day	Pain Score	What tablets did I take?
Operation		
Day 1		
Day 2		
Day 3		
Day 4		

If you feel that the number of painkillers you are needing is not reducing, then you should seek advice. It may be a sign that you are not healing as expected after the operation.

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>



© West Suffolk NHS Foundation Trust