

Patient information

Managing pain and sickness after surgery

Pain relief after surgery is essential to aid recovery and to promote deep breathing, coughing and mobilisation.

How will my pain be treated?

There are many different ways to control pain and sometimes a combination of treatments is used to get the best results. The effectiveness of your pain relief will be assessed regularly and adjustments to the treatment can be made if required. We aim for patients to be able to cough, deep breathe and move around the ward without experiencing significant discomfort.

You **must** inform the nursing staff if the pain is hindering your ability to cough / deep breath/ move. If so, they will be able to administer further pain-relieving medicines to enable you to achieve these goals.

It is much easier to relieve 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 of pain relief are:

- Tablets and liquids
- Patient controlled analgesia (PCA)
- Nerve blocks

Tablets, liquids and suppositories

If you are able to eat and drink, the safest way is to take pain medication by mouth. We know that combinations of different types of analgesics (pain medications) provide the best pain relief.

Paracetamol is prescribed for nearly all patients to take regularly after surgery as research has shown it improves the effectiveness of other pain medication. It also reduces the side effects from stronger medicines because they may be given in a smaller dose.

Patient Controlled Analgesia (PCA)

PCA is a system that allows you to be in control of your own pain relief. A pump containing morphine or another strong pain medicine is connected to a drip which is usually placed in a vein in your arm. When you press a button on a handset that is attached to the pump, a small, safe dose of pain medicine is given into the drip. PCA allows you to decide how much pain relief you need and avoids any wait to get analgesia and also any further injections.

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 before pressing the button.

The pump is programmed to make sure that you cannot give yourself too much pain medicine 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** press the handset button, and not a relative or other visitor.

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 and nausea and vomiting. Treatments are readily available to treat any unpleasant side effects so it is very important to report any symptoms.

The PCA can be used until you are able to take medicines by mouth.

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 8 - 12 hours. In addition to the nerve block most patients will also be prescribed pain medication.

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 usually very good.

Nausea

The medical and nursing staff understand 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.

Pain medication to take at home

When you are ready to be discharged from hospital the ward doctors will write a prescription for pain medication along with other medicines that they want you to continue at home.

We recommend your pain medication is reduced and then discontinued as healing occurs and discomfort decreases, which is usually within 5 days.

An information leaflet on how to stop pain medication at home will be provided and explained on discharge.

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 in patient pain service that is staffed by doctors and nurses to provide specialised pain treatment to any patients who require it.

Ask your doctor or nurse if you wish to contact the in patient pain service.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (formerly DisabledGo)

<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>

