

Patient information

Pain information (Day Surgery Unit)

As your anaesthetic wears off you may find that you experience some pain. 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.

While you are at the Day Surgery Unit (DSU) your pain will be assessed at regular intervals using a pain score and pain killers will be given accordingly.

Managing pain at home

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

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.

Medication you may be given by DSU

Paracetamol is the basis of post operative pain management and should be taken regularly. Other painkillers may be added if required.

Paracetamol: It is a good painkiller for mild to moderate pain and should be taken regularly every 6 hours. It also helps to increase the effect of other painkilling medication. Never exceed the dose and never take paracetamol with other 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. If you are unsure about taking Ibuprofen ask your doctor, a pharmacist or read the product information leaflet.

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Putting you first

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.

Codeine 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®): This 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.

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

How to take your painkillers

Paracetamol 6 hourly

Ibuprofen 6-8 hourly

Codeine 6 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. From March 2015 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 the amount of painkillers that you are taking as your discomfort decreases.

Discontinue the strongest painkillers first (e.g. oral morphine or codeine). Then next 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 8pm on 01284 713050 or 01284 713959.

Time of last drugs given on Day Surgery Unit

Paracetamol

Ibuprofen

Codeine or Morphine

Use the chart below to help you keep a record of the drugs you have taken

Day	Pain score	What tablets did I take?
Ор		
Day 1		
Day 2		
Day 3		
Day 4		

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the disabledgo website link below: http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main