



Cappagh National Orthopaedic Hospital

Pain Relief after your Surgery



PAIN RELIEF AFTER YOUR SURGERY.

This leaflet aims to inform you and help you understand the methods of pain relief that are used in Cappagh National Orthopaedic Hospital following surgery.

Some pain after surgery can be expected but our aim is to keep pain sufficiently well controlled to allow you to move about & participate well in physiotherapy, take a deep breath and cough without causing you too much discomfort.

Good pain control is important as it ensures comfort after your operation and also helps towards a faster recovery.

HOW WILL THE STAFF KNOW IF I AM IN PAIN

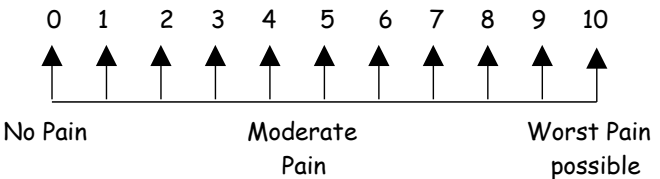
The staff will make every effort to safely minimize your pain after surgery.

We will ask you regularly what your pain feels like, especially in the first few days after your surgery.

To help you describe your pain we use a simple scale from 0 to 10. "0" is no pain and "10" is excruciating pain.

We will ask you to choose a number on this scale corresponding to the pain you are feeling.

Reporting your pain as a number helps the staff know how well your pain control method is working and whether any changes are needed.



IF I GET HIGH PAIN SCORES WILL I ALWAYS GET MORE MEDICATION?

Reporting high pain scores does not always mean that you will receive more pain medication. If you are very sleepy the Nurses will not be allowed to give you any more pain medicine – it would not be safe until you are more awake.

It will also be a little more difficult to treat pain if you usually take strong pain relieving medicines at home such as Morphine, Oxycodone or pain relieving patches because your body is used to the medicine.

Please tell your Anaesthetist if you are taking any pain medications or if you use “pain patches” prior to your surgery.

HOW IS PAIN CONTROLLED AFTER SURGERY?

Surgical pain can in most cases be effectively treated.

There are various methods available for controlling pain after surgery.

You may receive more than one type of pain treatment, depending on your needs and the type of surgery you are having.

It is important to remember however, that some of the methods described may not be appropriate to use after certain surgeries.

Before your surgery, your Anaesthetist will recommend and discuss the most appropriate method of pain control for the type of surgery that you are having.

PAIN RELIEF METHODS AVAILABLE:

Intramuscular Injections:

This is a method where the Nurse will give you a strong painkiller (usually Morphine) by injection into a muscle in your bottom or leg.

It is very important to tell the Nurse when the pain is starting to increase rather than waiting until you experience severe pain as injections can take some time for the Nurse to prepare and can take about half an hour to work.

Tablets:

When you are able to eat and drink you can take painkillers in tablet form.

Some painkillers are given on a regular basis; others are given only if required. Please ask the nursing staff about the tablets that are prescribed for you.

Painkiller tablets can be given on their own or in combination depending on the type and severity of pain you are experiencing.

Tablets can take a little time to work so do not wait for the pain to become severe before asking for painkillers.

There are different types of painkiller tablets available. They come in a range of different types and strengths.

They include:

Opioid (narcotic) analgesics

e.g. Oxycontin, Oxynorm, Codeine, Tramadol.

These are strong painkillers. In some cases they may cause nausea, vomiting, itching, drowsiness and constipation.

Please tell the staff if you experience any of these problems as they can be effectively treated.

Non-opioid analgesics

e.g. Paracetamol.

Effective for mild to moderate pain. Paracetamol has very few side effects. Taken regularly after surgery it can often decrease the requirement for stronger medications.

Non-steroidal anti-inflammatory drugs (NSAIDS)

e.g. Difene (Voltarol), Ibuprofen, Arcoxia, Mobic.

These drugs help to reduce swelling and inflammation.

Before taking these tablets you should tell your Doctor if you have any kidney problems or stomach ulcers.

NSAIDS can cause stomach upset in some people. It is advisable to take these tablets after food. Some NSAIDS can be given in suppository form.

Suppositories:

These are painkillers in the form of waxy pellets that are placed in your back passage (rectum). These painkiller suppositories do not have any effect on your bowel function – they will just dissolve and release the painkiller. They can give effective pain relief for hours after your surgery. Suppositories are useful way of giving painkillers if you cannot swallow or if you are feeling sick.

Patient Controlled Analgesia (PCA):

This is a method where you are in control of treating your own pain by using a computerised pump. The pump is programmed to give you a small amount of painkiller into your vein when you press a button attached to the pump.

Please see separate information leaflet for further details.

Epidural infusion:

Before your surgery the Anaesthetist inserts a very fine plastic tube called an epidural catheter into your back. After your operation, the epidural catheter will be attached to a special pump that allows local anaesthetic to be given constantly to treat the pain. Please see separate information leaflet for further details.

Nerve block:

A Nerve block involves injecting local anaesthetic near to the nerves that supply the surgical area. This will make the surgical area numb and pain free for some hours after surgery. The nerve block is done by the Anaesthetist before surgery. In some

cases, the Anaesthetist will insert a fine plastic tube, which will be attached to a special pump after your surgery. This allows local anaesthetic to be given constantly to prolong pain control.

PREVENTION OF CONSTIPATION:

Constipation of varying degrees can sometimes develop in patients after orthopaedic surgery e.g. as a result of immobility following surgery, changes in your diet or unwanted side effects of pain killer medication. In an effort to reduce the risk of constipation, patients found to be at risk will be given laxatives. This treatment will continue as necessary throughout your hospital stay. The medications used are mild in effect and are given to you to prevent constipation. If you have any concerns or questions regarding taking these medications please discuss them with your doctor or nurse.

Tips to avoid constipation:

- Increase your level of mobility (within the limits of your surgical recovery)
- Increase your dietary fibre intake e.g. Brown bread, orange juice, prunes, fruit or fruit juices)
- Increase your fluid intake by up to 2 Litres taking into account any restrictions that you may be advised about (other foods such as jelly, yoghurts, soups, milk puddings can also provide fluid).

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