

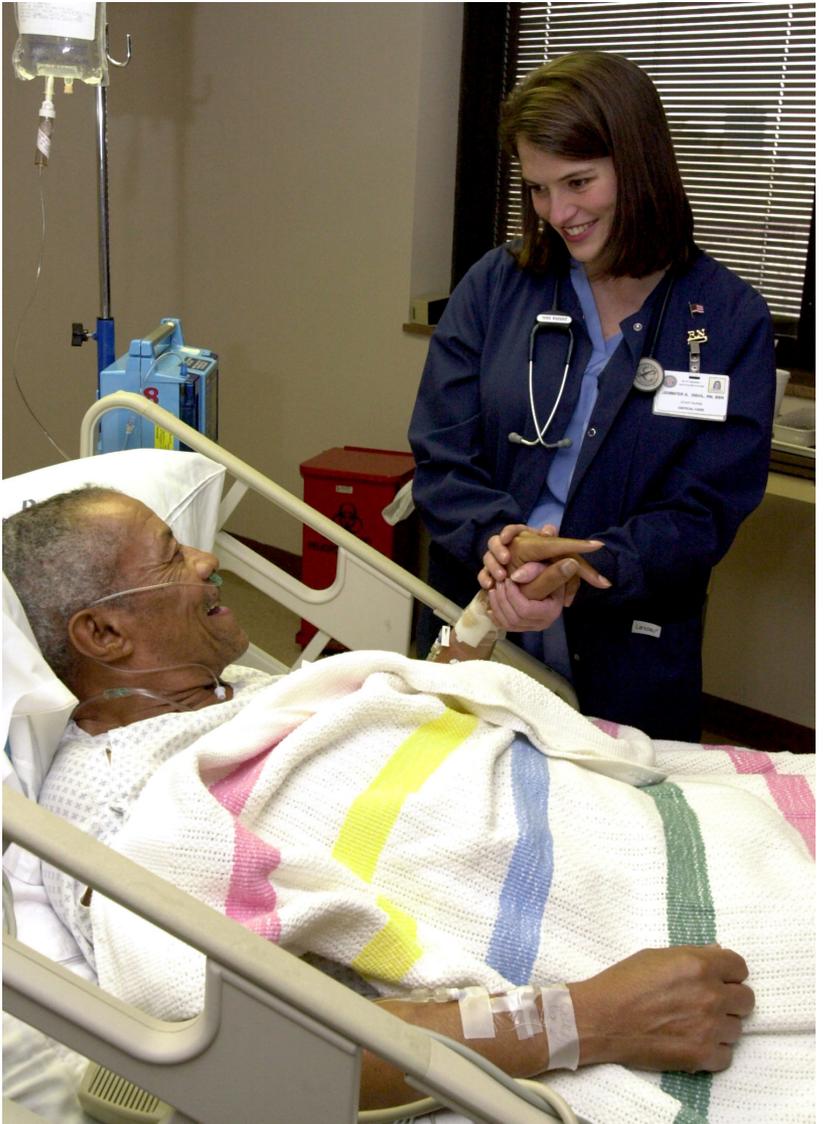


Managing Pain after Surgery

*A Patient/Family Guide to
Pain Control Options after Surgery*



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Purpose of this patient/ family guide

- to enable you to talk with your provider about what pain control choices are available. The choices will be based on your needs and the type of surgery that is planned.
- to enable you, when possible, to participate in choosing the method of pain control that is best for you

and to help you:

- understand the benefits of adequate pain control,
- be aware of the many types and forms of pain control,
- “measure” your pain,
- know the risks and benefits of the different pain relief methods,
- take an active role in recovery from surgery.



What is pain?

Pain is an unpleasant sensation that can warn you injury is near. Touching a hot object will cause you to quickly pull your hand away. Pain also occurs after there is tissue damage, like an ankle sprain. In this case, pain prompts you to see a health care provider. Pain can be unexpected, as will happen after stepping on a nail. Pain can also be expected after having an operation.

Why is there pain after surgery?

Usually, pain is a result of physical changes at the site of surgery. These physical changes include the release of chemicals that make the nerves send signals to your brain. The brain is where the signals are translated into pain.

What can be done about pain after surgery?

Pain medication will be given by your anesthesiologist during the surgery and in the recovery room; then it will be prescribed by your doctor following surgery. Pain medicine blocks or decreases the number of nerve signals that are sent to your brain. Fewer signals will reduce pain to a manageable or acceptable level.

Our goal is that you have the least pain possible after the operation. Doctors and nurses will ask you about your pain and if the medicine is helping. They want you to be comfortable. They also want to know if something is wrong. Always tell your doctors and nurses if you are having pain.

Describing your pain

Many patients say this is one of the hardest things to do: “It just hurts!” Unfortunately, this tells us very little about your pain. We can’t tell if the pain is better or worse or how much it hurts. No one can describe the pain better than you, so we need your help.

How can I describe the pain?

The “What – Where – When – How Method” will help you talk about your pain. Answers to the next four questions will help us, help you. Choose a word listed or pick one of your own.

WHAT does the pain feel like?

ache sharp sore dull burn shooting

WHERE is the pain?

leg arm chest neck incision shoulder

WHEN does it hurt?

all the time when I cough at night when I sit up

HOW badly does it hurt?

This is the most important information you can give to us. The two scales below will help you rate your pain.

Pain Rating Scales

0 1 2 3 4 5 6 7 8 9 10

No pain Moderate pain Worst possible pain

0 2 4 6 8 10

May be duplicated for use in clinical practice. As appears in McCaffery M, Pasero C. Pain: Clinical manual, p. 67, 1999, Mosby, Inc.

Choose the number between 0 and 10 or the face that best describes how bad (or good) your pain level is.

After surgery, there are two questions we want you to think about.

- How badly does it hurt now? Example: 6
- What number would your pain need to be, to be at a manageable (acceptable) level? Example: 4

This last question will help us work toward the number where your pain is managed or at a tolerable level.

Benefits of pain control – what you can expect.

Good pain control will bring your pain to a tolerable or acceptable level and allow you to:

- cough and deep breathe – to avoid lung problems like pneumonia,
- get out of bed, then walk – this will help your circulation and breathing,
- be more comfortable while you heal,
- get a good night’s sleep.

And most importantly: good pain control will help you get your strength back, so you can go home sooner!

Pain Control: What are the choices? Which one is best for me?

Types of Pain Medicine: Opioids, or Medicine without Opioids

Opioid: In the past, this type of pain medicine was called a “narcotic.” This term is no longer used because it is not accurate. A narcotic is a drug that can cause sleep, stupor, or coma. Benadryl would be considered a narcotic by this definition! An opioid is a drug that provides pain relief without causing sleep or loss of consciousness.

Opioids

Examples: percocet, morphine

Type of pain: moderate to severe

Advantages of opioids: opioids provide good to excellent pain relief. There is little chance of addiction (less than 0.1%) when used for pain after surgery.

Disadvantages: These drugs can cause an upset stomach, confusion, drowsiness, and constipation. They may also interfere with urination and how fast you breathe. Since everyone's pain is different, there is not one medicine that will work the same for everyone. Your provider will choose the type and amount of opioid that is safe for you.

Medicine without Opioids

Examples: Tylenol, Motrin, Toradol, local anesthetics (similar to Novacaine)

Type of pain: mild to moderate

Advantages: avoids side effects like drowsiness, which can occur with opioids. Use of these medicines can also cut down on the amount of opioids, if needed.

Disadvantages:

Motrin and Toradol (the "shot" form of a Motrin-type drug) can -

- slow the healing process
- may cause an upset stomach
- may cause bleeding or kidney problems in rare cases
- only be given for short periods (Toradol).

Tylenol can prevent you from running a fever, if there is an infection.

Local anesthetics (Novacaine-like drugs) may cause weakness, dizziness, and a lower blood pressure.

Methods (ways) used to give pain relief medicines.

Tablet or liquid

Advantages: This method is preferred. It is the easiest way to take pain medicine. This method is also the least expensive way to manage pain.

Disadvantages: This method can not be used if nothing can be taken by mouth or if you are sick to your stomach. Tablets and liquids take longer to work than other methods. If you wait too long to ask for or receive medicine, the pain medicine will not work as well.

As a rule: It takes *more* medicine to get rid of pain when it is bad, than it does when pain is just beginning.

Injection into the muscle

Advantage: This method can be used if you can not take medicine by mouth or are sick to your stomach.

Disadvantages: There may be some soreness for a short time where the medicine is injected. There will be a delay between when the shot is given, and when it begins to work. If you wait too long to ask for or receive medicine, it will not work as well.

Injections into the muscle are not used as often as in the past. Now there are more effective and reliable methods to control your pain.

As a rule:It takes *more* medicine to get rid of pain when it is bad, than it does when pain is just beginning.

Injection into a vein (Intravenous or IV)

Advantages: This method can also be used if you are unable to take medicine by mouth. This works faster than tablets, liquids, or an injection into a muscle.

When an Intravenous Patient Controlled Pump (PCA) is ordered, you do not have to ask for pain medicine. By pushing a button connected to the pump, the medicine will be delivered into a vein. The doctor will choose the drug, dose, and set certain limits. Then you will be able to control when and how often (within limits) the medication is given. You may find that you need less pain medicine than someone who is not using a PCA pump.

Disadvantages: A small tube (IV) must be inserted into your vein. If PCA is ordered, you will need instructions on how and when to use the machine.

Other important information about IV-PCA

No one other than you should press the push button control.

If others press the button, this defeats the built-in safety mechanism of IV-PCA: if the amount of pain medicine starts to build-up, you may become drowsy and not be able to press the button yourself. This allows the amount of pain medicine in the body to fall to a safer level. **Never let anyone press the button for you!**

Injections into or outside of the back

Advantages: A single injection of pain medicine can last up to 24 hours. Pain medicine given outside of the spine (epidural) is delivered by a pump. This automatically gives you a small amount of medicine all the time through a small tube (catheter) in your back. With this method, you do not have to ask for pain medicine.

Disadvantage: Nurses with special training will need to check on you frequently. In this hospital, this means a short stay in Intensive Care or the High Observation Unit.

So far, we have talked about:

- pain
- how to describe and rate pain
- different medicines and methods to manage pain

But, are there other ways to relieve pain?

Yes! These methods work the best, when used along with pain medicine. They can cut down on the amount of pain medicine you will need. They include:

Slow, deep breathing for relaxation.

1. Breathe in slowly and deeply.
2. As you breathe out slowly, feel yourself beginning to relax; feel the tension leaving your body.
3. Now breathe in and out slowly and regularly, at whatever rate is comfortable for you...
4. To help you focus on your breathing and breathe slowly and rhythmically: breathe in as you say silently to yourself, “in, two, three.” Breathe out as you say silently to yourself, “out, two, three” **or** each time you breathe out, say silently to yourself a word, such as peace or relax.
5. You may imagine that you are doing this in a place that is very calming and relaxing for you, such as lying in the sun at the beach.
6. Do steps 1 through 4 only once or repeat steps 3 and 4 for up to 20 minutes.
7. End with a slow deep breath. As you breathe out say to yourself “I feel alert and relaxed (McCaffery, 1999, p.420).”

Additional points: If you intend to do this for more than a few seconds, try to get in a comfortable position in a quiet place. You may close your eyes or focus on an object. This breathing may be used for only a few seconds or for up to 20 minutes.

Position change. Sometimes just turning on your side or elevating the head of the bed can lessen the pain.

Hug a pillow. Gently place a pillow over your belly. When it’s time to cough or turn or sit up, press in on the pillow. This will give you extra support, so movement will not be as uncomfortable.

Back rubs. Ask your nurse or family member to rub your back. This will help your muscles, and you, to relax.

Talking. Sometimes just talking about the way you feel, will help you relax. Talking or thinking about other things will also help to distract you from pain.

The last “method” is probably the most important way that we can work together to manage your pain.

Knowledge — ASK QUESTIONS!

Not knowing or understanding can make the pain worse. Feeling anxious adds to pain. Not knowing can make you tense and fearful about, for example, “just” moving.

Your doctor will help by explaining the operation or procedure and what to expect afterwards.

Your nurses will help by explaining what the doctor has prescribed, how often it may be given, and other activities that will help speed your recovery.

This booklet will help you, by listing the many types and ways to manage pain after surgery. It can also help you talk about any pain that you may have.

If we still haven’t given you the answers, ask questions!

Don’t waste your energy worrying about what you are not sure of. Let us explain it for you. Then you can use that extra energy to take an active role in your recovery. Your doctors and nurses will work with you to get you home as soon as possible. After all, there is no place like home!

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