

If you have any queries or concerns about the management of your pain please do not hesitate to ask your nurse or doctor in the first instance. We have a specialist acute pain team who can visit you on the ward should this be needed. They specialise in the management of pain and discomfort you may experience following your procedure, and will advise best practice.

There is good evidence that reducing pain and anxiety aids recovery following surgery.

How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

Author: Dr C Pritchard
Issue date: June 2019
Review date: June 2021
Leaflet code: OPD-006
Version: 3.0

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Management of Pain following surgery

Patient information leaflet

If you require a translation or an alternative format of this leaflet please call PALS (Patient Liaison and Advice Service) on 01296 316042

Safe & compassionate care,

every time

Pain following an operation is inevitable. Different operations lead to varying degrees of post-operative discomfort and everyone experiences pain differently. We aim for your pain to be at an acceptable level on movement and should not prevent appropriate mobilisation or physiotherapy.

How do we control your pain?

General help can be gained from distracting activities such as listening to music, reading, watching TV, changing position regularly, and relaxation techniques. In addition Pain relief medication is available in different forms and strengths.

Tablets

When you are able to eat and drink then you can take your painkillers as a tablet.

Suppositories

When it is not possible to take tablets by mouth, some painkillers can be inserted into the back passage and absorbed by the body this way.

Injection

You may need to have painkillers by injection into a muscle in your buttock or upper thigh.

Nerve Blocks and Local anaesthetics

Injecting anaesthetic into the neck, shoulder, groin, the spinal region or the operation site blocks nerves carrying painful messages to the brain. The exact location of the injection will depend upon your surgery. It is carried out at the time of your operation. Depending upon which block is used you will have a numb and heavy sensation lasting for between 2 to 24 hours. Your anaesthetist will discuss your personal requirements on the day.

Patient Controlled Analgesia (PCA)

This allows you to control your pain by pressing a demand button allowing a small amount of painkiller to pass into the drip, hence directly into your vein. This usually takes about 5 minutes to start working. The device has a built in safeguard to prevent you giving yourself too much.

Spinal or Epidural

This can either be given as a single injection into your back, or connected to a pump to provide continuous painkillers after your operation. More information will be given to you if this required for your operation.

How is pain assessed?

Pain is measured using a score. After your operation you will be asked to score the severity of your pain from zero to ten. Where zero = No pain and 10 = Worst pain you can imagine.

This assessment is necessary to measure your pain and help the nurse to give you the most suitable painkillers.

Prevention or early treatment of pain is easier than trying to ease established or severe pain.

Taking your tablets regularly is the best way to achieve effective control.

What are the side effects of pain medications?

The side effects might include nausea, vomiting, constipation, headaches, dizziness, sleepiness, and sometimes mild confusion. The side effects can be reduced using anti sickness drugs, plenty of fluids, laxatives and rest.