



# **Pain relief after surgery**

## **Information for patients**

Department of anaesthesia and pain medicine

### **Pain relief**

Good pain relief is important. It prevents suffering and it helps you recover more quickly. Your anaesthetist will probably discuss different pain relief methods with you before your surgery so you can make an informed decision about which you would prefer.

- Some people need more pain relief than others. Worry increases the pain people feel.
- Pain relief can be increased, given more often, or given in different combinations.
- Occasionally, pain is a warning sign that all is not well, so tell the nursing staff if you are in pain.

The nurse will ask you to give your pain relief a number between 0 – 10 at rest and on movement. (0 = no pain, 10 = worst ever). This will help us to assess the effectiveness of your pain relief.

### **Good pain relief helps prevent complications**

- If you can breathe deeply and cough easily after your operation, you are less likely to develop a chest infection.
- If you can move around freely, you are less likely to get blood clots (deep-vein thrombosis or DVT).

It is much easier to relieve pain if it is dealt with before it gets bad. So you should ask for help as soon as you feel pain and continue the treatment regularly.

### **Ways of pain relief**

#### **Pills, tablets or liquids to swallow**

These are used for all types of pain. They take at least half an hour to work and should be taken regularly. You need to be able to eat, drink and not be vomiting for these drugs to work.

#### **Injections**

These are often needed and are given either into a vein for immediate effect or into your leg or buttock muscle. Drugs given into a muscle may take up to 20 minutes to work. Occasionally, we may give you an injection under the skin (sub-cutaneous).

#### **Suppositories**

These waxy pellets are placed in your back passage (rectum). The pellet dissolves and the drug passes into the body. They are useful if you cannot swallow or if you are likely to vomit. They are often used as well as other methods.

## **Patient-controlled analgesia (PCA)**

This is a method of using a machine that allows you to control your pain relief yourself. It has a pump which contains an opiate drug. The pump is linked to a handset which has a button. When you press the button, you receive a small dose of the drug painlessly into your cannula (plastic tube). If you would like more information ask for a leaflet on PCA.

## **Local anaesthetics and regional blocks**

These types of anaesthesia can be very useful for relieving pain after surgery. More details are in the leaflet 'Epidurals for pain relief after surgery'.

## **Drugs you may receive**

### **Opiates**

These are the drugs often used for severe pain. They include Morphine, Diamorphine, Codeine, Oxycodone, Tramadol and Fentanyl. They may be given as tablets, injections or patient-controlled analgesia. They may also be added to a spinal or epidural to give longer and better pain relief.

Some people have side effects – the most common include feeling sick, vomiting, constipation, and drowsiness. Larger doses can produce breathing problems and low blood pressure (hypotension).

The nursing staff will watch you closely for these. Side effects can be treated with other drugs. Your reaction to opiates may affect you considerably. One in three people find opiates unpleasant. If they make you very sick, controlling your pain may be more difficult.

Constipation can be a problem. We may give you laxatives to help with this. If it is something you are concerned about, ask the nurses, who will be able to help.

### **Other pain-relieving drugs**

These include paracetamol and anti-inflammatory drugs such as Ibuprofen, Ketorolac and Diclofenac. They may be given as tablets, as suppositories or intravenously. Anti-inflammatory drugs must be used cautiously by people with asthma, kidney disease, and heartburn or stomach ulcers.

### **Pain relief teams**

Most hospitals have a team of nurses and anaesthetists who specialise in pain relief after surgery. If you are having an operation, your anaesthetist will speak with you and explain your pain relief options. If you have any questions you may in the first instance ask the nurses and doctors on the ward. Your questions will be welcome. There are leaflets available about different types of pain relief. For further assistance the pain team may be contacted.

### **On discharge**

Some pain following surgery is to be expected; it is not unusual to feel general aches and pains. Surgical wound pain usually settles as the wound heals. You may be given pain relief medicines to take home. When you have settled back at home and are beginning to feel more comfortable, you may begin to reduce the dose and frequency of your pain medication. You are the only person who can judge your pain relief needs.

If you have any queries or worries regarding your pain or pain management contact your GP first. Your GP will be able to decide if you need to be referred back to The Christie.

Remember some pain medicines can make you constipated; it is important to maintain a regular bowel habit.

## Contacts

If you have any questions you may in the first instance ask the nurses and doctors on the ward. Further assistance may be obtained from the acute pain nurse. Phone the hospital switchboard on **0161 446 3000** pager **12051** or **12567**. If the pain nurse is not available, contact the critical care doctor on extension **3481**.

## Contacts for the pain team

Dr Julian Scott-Warren (Consultant in pain management and anaesthetics)	<b>0161 446 8493</b>
Dr Carel van Oldenbeek (Consultant in pain management and anaesthetics)	<b>0161 918 7088</b>
Shiji Thomas (Pain clinical nurse specialist)	<b>0161 918 2153</b>
Sarah Ghosh (Pain nurse specialist)	<b>0161 918 2153</b>
Eileen Hackman (Pain nurse specialist)	<b>0161 918 2153</b>
Andrea Rolland (Pain team secretary)	<b>0161 446 8493</b>

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact [patient.information@christie.nhs.uk](mailto:patient.information@christie.nhs.uk)

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