

The Kent Centre for Pain Medicine and Neuromodulation

How will my pain be managed?

Information for patients

How much pain will I have?

The amount of pain you feel will depend on many things, including the kind of operation, injury, or illness you have. A certain amount of pain or discomfort may be expected and it is usually not possible to relieve all pain. As you heal your level of pain should reduce. Our aim is to provide enough pain relief to make you comfortable and prevent complications.

Is pain relief important?

Yes. As well as making you more comfortable, good pain relief may help you to recover more quickly. If you are comfortable you will be able to take deep breaths, cough, and sleep better. Also if you are able to move around you are less likely to get blood clots in your legs. Please do not be tempted to cope by lying still, taking only shallow breaths, and not coughing as this may (in a short time) cause a chest infection.

So please let the ward nurses know if you are in pain, so that it can be treated.



How will my pain be managed?

Your doctor and nurse will discuss a plan for managing your pain with you that is suited to your individual needs. You should let them know if you already take regular painkillers or have had problems with painkillers in the past, such as allergies or stomach upsets.

Painkillers will be prescribed to be given regularly or when you tell your nurse that you are in pain. The nursing staff will assess your pain regularly and will ask you if the pain you feel is mild, moderate, or severe.

The **pain assessment score** we use is shown below.

- 0 = No pain
- 1 = Mild pain
- 2 = Moderate pain
- 3 = Severe pain

What painkillers might I be offered?

Painkillers may be given by mouth (oral), injection, suppositories, patient controlled analgesia (PCA) pump, epidural infusion, or nerve block. You may be prescribed a combination of painkillers, as research shows this may give better pain relief.

- **Tablets, capsules, or liquids**

If you are able to eat and drink and do not feel sick, this is the most common way of giving pain relief.

- **Injections**

This is another method of giving pain control, used particularly after some types of surgery. A painkilling drug is injected via a needle into your muscle - usually in your leg but your buttock may sometimes be used. Injections may take about 20 minutes to work.

- **Suppositories**

This is a useful way of giving painkillers if you are unable to swallow, feel sick, or are vomiting. The suppository is inserted into your back passage (rectum) and is slowly absorbed by your body.

- **Patient Controlled Analgesia (PCA)**

Analgesia is the absence or relief of pain. With PCA you control the amount of a strong painkilling drug (such as morphine) that you give yourself. A PCA pump is programmed by your anaesthetist or nurse and when you press a hand held button a small dose is delivered into your vein through a drip. No further doses will be released until a set time has passed (usually five minutes), so it may take some time to achieve the level of pain relief you want.

You will be taught how to use the pump by the nurses or doctors. While you are using PCA the nurses will monitor you regularly to check for side effects and see if the PCA is helping your pain.

It is important that no one but you presses the PCA button.

- **Epidural**

The nerves from your spine to your lower body pass through an area in your back close to your spine called the epidural space. Your anaesthetist will insert a fine plastic tube (epidural catheter) into this space. This is then connected to an epidural pump and painkilling drugs are continuously dripped in.

Two types of drug are usually given together, a local anaesthetic and a morphine like drug. The local anaesthetic may cause numbness, as it blocks the nerve messages, but feeling returns when the epidural is stopped.

The epidural may be kept in for up to four days. More information is available in the leaflet **Epidural pain relief after surgery** (see page 4).

If your anaesthetist thinks this is the best method of pain relief for you, the procedure will be discussed with you and your agreement sought.

- **Local anaesthetic nerve block**

Local anaesthetic may be injected into or around your wound to block pain. This may be given as a 'once only' dose which can last for several hours. Sometimes your anaesthetist will place a fine catheter to give a continuous infusion or further injections of local anaesthetic. The catheter may be left in place for a few days.

Will I have any side effects?

All drugs, including painkillers, may cause side effects in some people. Painkillers may cause sickness, constipation, drowsiness, dizziness, itchiness, and confusion. If epidural or nerve block is used to control your pain you may feel weak, numb, or have 'pins and needles'.

Please tell your nurse or doctor if you experience any side effects. Your painkiller may need to be changed or medication given to treat any side effects.

Some people worry that they will become addicted if they take strong painkillers. When used appropriately for a short time this is very unlikely.

When should I take painkillers?

Research shows that taking painkillers regularly gives better pain relief, as the level of drug in your body remains more constant. We would advise you not to try and do without your painkillers unless you are comfortable and able to take deep breaths, cough, and move about.

Please do not wait until your pain is severe before asking for painkillers. You do not have to wait until the drug round is due.

What can I do to help myself?

- Try to take at least three deep breaths every half an hour, unless told otherwise by your physiotherapist.
- Try to cough and clear your chest.
- When you cough, support your wound by placing your hands or a folded towel over it. Your physiotherapist or nurse can show you how to do this.
- Try to sit up and move about a little (if your operation or injury does not stop you).

What else can I do to help myself?

Regular periods of relaxation are very helpful, as they reduce anxiety and ease muscle tension which can reduce your pain.

Distracting your attention away from your pain can also make pain more bearable. Reading, listening to music, watching television, chatting to other patients, or doing crosswords are just a few distraction suggestions. The following relaxation tips may help.

- Close your eyes, place your hand on your abdomen (stomach), and slowly breathe in through your nose. Count to four, feeling your abdomen rise.
- Hold your breath briefly and then breathe out through your mouth to the count of four.
- Repeat this cycle of breathing slowly in and out for a few minutes.
- Place your arms by your side and relax your shoulders.
- Close your eyes and breathe slowly and deeply.
- Focus on tensing and relaxing each set of muscles in your body in turn. You may start from your head and work downwards, or from your toes and work upwards.

Avoid areas which have undergone recent surgery or injury.

How will my pain be managed when I go home?

You may be given some painkillers to take at home. Your nurse will explain how and when you should take these. If you need more painkillers or your pain worsens, please contact your GP.

Further information

- Faculty of Pain Medicine: for patients and relatives
Web: fpm.ac.uk/patients
- Faculty of Pain Medicine. Opioids aware patient leaflets
Web: fpm.ac.uk/opioids-aware/information-patients
- Royal College of Anaesthetists: Epidural pain relief after surgery
Web: www.rcoa.ac.uk/sites/default/files/documents/2022-03/05-EpiduralPainRelief2020web.pdf
- The British Pain Society: people living with pain
Web: www.britishpainsociety.org/people-with-pain/
- The Kent Centre for Pain Medicine and Neuromodulation: discharge advice following an epidural injection
Web: www.ekhufft.nhs.uk/chronic-pain-leaflets
- The Kent Centre for Pain Medicine and Neuromodulation: opioids for pain relief
Web: www.ekhufft.nhs.uk/chronic-pain-leaflets

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhufft.nhs.uk/patientinformation