



Queensway Carleton  
Hospital

# **Pain Management after Surgery**

## **Patient Information Booklet**

## **Your Health Care – Be Involved**

- Be involved in your healthcare. Speak up if you have questions or concerns about your care.
- Tell a member of your healthcare team about your past illnesses and your current health condition.
- Bring all of your medicines with you when you go to the Hospital or to a medical appointment.
- Tell a member of your care team if you have ever had an allergic or bad reaction to any medicine or food.
- Make sure you know what to do when you go home from the Hospital or from your medical appointment.

*Patient safety is very important to Queensway Carleton Hospital and this information is provided to patients/families to help inform you of your essential role in your own safety.*

*The information contained in this booklet is not specific medical advice, nor a substitute for medical advice. For your safety, it is advised that you speak with your Doctor and healthcare team about your particular healthcare needs.*

Protect yourself! Clean your hands frequently and ask your healthcare providers and visitors to do the same. Clean hands saves lives.

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This booklet is intended to provide you with information to prepare you for your hospital stay and discharge. Your safety and complete recovery is our priority following your surgery. For this reason, we ask you to follow these instructions. Please use this booklet as a reference tool for all dates and times and **bring this booklet with you to all your appointments and on your day of surgery.**

Once you and/or your family have read the information, please feel free to speak to your Nurse or other members of the healthcare team if you have any questions.

## **WHAT IS PAIN?**

Pain is a warning sign. It is the body's way of telling us something is not right. Pain is an unpleasant sensation associated with unpleasant emotions. It is complex, individual and based on many factors including cultural, spiritual and past experience. The pain that you may feel is not necessarily the same as others feel, even though they may have had the same surgery.

Pain can happen for a number of reasons: injury, a medical procedure, surgery, trauma, infection and cancer. It may involve muscles, skin, nerves, organs, joints or circulation. Pain can be short term (acute pain) or persistent and lasting for years (chronic pain).

Effective pain relief after your surgery is important. Unmanaged pain can lead to a slower recovery from surgery. Short term or acute pain that is not effectively managed can go on to become long term or chronic pain.

## **WHAT ARE THE GOALS OF PAIN MANAGEMENT?**

Effectively managing pain, will allow you to breathe deeply, cough, eat, move while you are in bed, get up and walk. Well managed pain will allow you to meet all of your goals after surgery and get home sooner.

## **WHAT CAN I DO TO HELP MANAGE MY PAIN?**

### **1. Ask questions**

- Will there be much pain after surgery?
- Where will it be?
- How long is it likely to last?

Being prepared is important. Understanding what you can expect after surgery will help you better manage your pain. You may want to write down some of your questions about pain before you meet with your Doctor.

### **2. Talk about the options**

- Let your Doctor and Nurses know what has worked well or not well for pain management in the past.
- Discuss any concerns you may have related to pain management with your Doctor and Nurses.

- Let your Doctor and Nurses know about any allergies to medicines you have.
- Ask about side effects that may occur.
- Talk about medications that you are currently taking for pain management at home. The Doctors and Nurses need to know what these medicines are so that decisions can be made about when to restart them after surgery.

### **3. Talk about the schedule for pain medicines in the hospital**

Pain medication will be provided to you at set times instead of waiting until you have a lot of pain. There are a number of options for pain medications that may be used individually or in combination based on your needs.

These can include:

- Acetaminophen (Tylenol™)
- NSAID (Non Steroidal Anti-inflammatory)
- Opioids (oh'-pea-oyd)
- Other medications (local anesthetics, anticonvulsants)

#### **Acetaminophen (Tylenol™)**

- Can be used along for mild pain or in combination with another pain medication for moderate to severe pain.
- It can be taken by mouth or suppository.
- It can affect the liver if taken over a long period of time. Tell your Doctor if you have ever had liver problems.

**Pros:** This is used to get rid of mild pain and low fever.

**Cons:** Unlike anti inflammatory medicine, it does not get rid of the redness, stiffness, or swelling. Do not take more of this medicine than is recommended on the package label. Too much can cause liver problems.

## **NSAID (Non Steroidal Anti-inflammatory)**

- Advil™ ibuprofen (Motrin™), Celebrex™, Naprosyn™ and other medicines in this category, help with swelling and soreness in mild to moderate pain.
- These medicines can be given by mouth, a vein or suppository.
- NSAIDs are often given in combination with Tylenol™ to help better manage your pain.
- These medicines may affect the kidneys, stomach and can increase the risk of bleeding. Be sure to speak with your Doctor to see if there is a reason why you should not be taking an NSAID medication.

**Pros:** There is no risk of addiction. These medicines can lessen or get rid of the need for stronger medicines.

**Cons:** Most of these types of medicines can cause bleeding. They may also cause nausea, or kidney problems. For severe pain, a stronger type of medicine is usually needed.

## **Opioids**

- Morphine, Tramadol™, Tramacet™, HYDROmorphone, and other narcotics or strong pain medicines are used for severe pain.
- They are often given in addition to Tylenol™ and NSAIDs to manage severe pain.
- These medications can be given by mouth, a vein, an injection into the tissue just under the skin or an injection into a muscle.
- Patient controlled analgesia (PCA) is available. With PCA therapy, you control when you get opioid pain medicine. Your Nurse will provide you with instructions on how to use the PCA pump and give yourself pain medication through the intravenous (IV) tube. While you have a PCA pump, you must remain on the nursing unit.
- People are often concerned about “addiction” when taking opioids. Taking opioids for pain relief is not an addiction.
- “Tolerance” to opioids can happen when the body get used to a certain medication over a longer period of time. This can be usually be solved by changing the dose or the medication.

**Pros:** It is rare for a patient to become addicted as a result of taking opioids for pain after a surgery. This works well for severe pain.

**Cons:** Opioids may cause sleepiness, nausea, itching, or interfere with breathing or going to the bathroom (constipation).

### **Other Medications**

- Local anesthetics are similar to the “freezing” or “numbing” medications that you may have had at the Dentist.
- Examples include Lidocaine, Bupivacaine and Ropivacaine.
- These medications stop nerves from sending pain messages to your brain. They cause short term numbness in a specific area of your body.
- These can be given through;

### **Nerve block**

- A single injection near a nerve (nerve block).

**Pros:** When you have a nerve block you cannot move the body part that affected for about 24 hours. When the nerve block starts to wear off you will feel tingling. You need to start to take pain medicine as soon as the tingling starts.

**Cons:** There is the chance that the block will not work. When the block wears off, if you have not taken other pain medicines, you will get sore quickly. There is a small risk of injury to the nerve during the injection.

### **Epidural Catheter**

- Through a tiny tube called an epidural catheter which is placed in a specific space in your back (most people know about these from the maternity ward).

**Pros:** This method works well for many different types of surgery.

**Cons:** You may be sleepy, itchy, or have problems going to the bathroom. Sometimes the epidural stops working and another way to control pain will need to be used. Intrathecal pain control lasts for 18-24 hours and then another method is needed.

## Spinal Anesthetic/Intrathecal

- A single injection of local anesthetic into the space that surrounds your spinal cord. These are also called spinal anesthetics and are commonly used for patients having total joint replacement surgery.

**Pros:** This method works well for many different types of surgery.

**Cons:** You may be sleepy, itchy, or have problems going to the bathroom. Sometimes the epidural stops working and another way to control pain will need to be used. Intrathecal pain control lasts for 18-24 hours and then another method is needed.

## Anticonvulsants

- These medications can be used for pain associated with injury to nerves or overactive nerves.
- They are given by mouth.
- Examples include Pregablin or Lyrica™.

The decision about how you get your pain medications (by tablet, injection, intravenously or suppository) will be based on your pain level and factors such as nausea or other side effects. Speak to your Nurse about this.

### **4. Ask for and take pain medicine when the pain first starts.**

If the regularly scheduled medications you are receiving is not keeping your pain well managed and you are having difficulty moving or doing breathing exercises, speak to your Nurse. Additional medications can be given to improve your pain management. It is more difficult to manage pain once it is severe. Getting medications at the right time before pain takes hold, is key in proper pain management.

### **5. Help measure and score your pain**

- You will be asked to rate your pain on a scale of 0 (no pain) to 10 (the worst pain ever), or you may pick a word from a list that best tells about the pain.
- You can also set a pain management goal.
- Scoring your pain as a number, helps the Doctors and Nurses know how well things are working and if changes are needed.



## **6. Always report pain that is unmanageable**

Some people are concerned about reporting their pain to the nursing staff and using pain medications. It is important that the Doctors and Nurses know if your pain is not being managed with the medications you are being given so that changes can be made to make you more comfortable. Ongoing pain can be a warning sign and should be reported to the Nursing staff.

## **7. Report side effects**

- Any of the pain medications used can have side effects. These can usually be controlled or subside over time.
- Side effects such as nausea, vomiting, itchiness, drowsiness, difficulty breathing, restlessness, constipation, dizziness, tingling around your mouth, visual or hearing problems should all be reported to your Nurse.

## **WHAT ARE SOME OTHER WAYS TO RELIEVE PAIN?**

There are a number of options for relieving pain that do not require medications. Some of these include:

- Meditation, relaxation, distraction with breathing, imagery or music.
- Physical techniques such as massage, acupuncture, transcutaneous electrical nerve stimulation (TENS), positioning, splinting, cold or warm packs.
- Laughter.
- Prayer.
- Psychology.

Most of these techniques work best if you start them before your surgery and learn which works best for you.

Pain is personal. The goal of pain management is to help you achieve your goals while providing safe and effective pain management therapy. Speak with your Doctor and/or Nurse staff to review the information in this pamphlet and answer any questions that you have.

## Mission, Vision & Values

### OUR VISION

We will be the community Hospital of Choice, recognized for our exemplary patient care, people and performance in an environment of innovation and strategic partnerships.

### OUR MISSION

- We are a patient-and-family-centered community Hospital providing a broad range of acute care services to the people of Ottawa and the Western Ottawa Valley.
- We provide care for all age groups – through inpatient, outpatient and out-reach programs and services, in partnership with other healthcare and community service organizations.
- We strive to respond to the needs of our patients and their families through an interdisciplinary team approach. Our team is progressive, responsive and committed to exemplary performance and accountability.
- We actively promote a learning environment in which our staff, physicians, students and volunteers are encouraged to be their best.

### Our Cornerstone Programs are:

- Emergency Services
- Medical Services
- Surgical Services
- Geriatric Services
- Acute Rehabilitation Services
- Childbirth Services
- Mental Health Services

### OUR VALUES

- Accountability
- Innovation
- Respect