



Queensway Carleton
Hospital

Pain Management After Surgery

Patient Information Booklet

**Please bring this book to your
admission to the Hospital
and to all of your appointments**

**For information call
613-721-2000, extension 2920
between 8:00 a.m. and 4:00 p.m.
Monday to Friday**

Information is available in alternate formats upon request

Your Health Care - Be Involved

- **Be involved in your health care. Speak up if you have questions or concerns about your care.**
- **Tell a member of your health care 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 the 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 health care needs.

Protect Yourself! Clean your hands frequently and ask your health care 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 experiences. 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 several reasons: injury, a medical procedure, surgery, trauma, infection, medical illness and/or 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 your goals after surgery and get home sooner.

What can I do to help manage my pain?

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.

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.

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 several 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 Drug)
- Opioids (oh'-pea-oyd)
- Other medications (local anesthetics, nerve blocks)

Acetaminophen (Tylenol™)

- Can be used alone for mild pain or in combination with another pain medication for moderate to severe pain.
- It can be taken by mouth or suppository.
- If you take Tylenol Arthritis or Tylenol # 1, #2 or #3's, speak to your doctor if changes are needed in your medications after surgery.
- It may 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 medication than what is recommended on the package label (maximum 4g/day or 2g/day if you have liver disease). Exceeding the recommended daily dose and/or taking for a prolonged period may cause liver problems.

NSAID (Non-Steroidal Anti-inflammatory Drugs)

- 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 (intravenous) or suppository.
- NSAIDs are often given in combination with Tylenol™ to help better manage your pain.
- If you are having bowel surgery talk to your doctor about NSAID use after surgery.
- Be sure to speak with your doctor if you have been advised not to take NSAID medication. These medicines may affect the kidneys, stomach and may increase the risk of bleeding. Ask your doctor 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 (intravenous) or by an injection into the skin.
- Intravenous patient-controlled analgesia (IV PCA) may be ordered as per the anesthesiologist's recommendation. With IV PCA therapy, you control when you get opioid pain medicine. Your nurse will provide you with instructions on how to use the IV PCA pump and give yourself pain medication through the intravenous (IV) tube. While you have an IV PCA pump, you must remain on the nursing unit.
- People are often concerned about "addiction" when taking opioids. Taking opioids for their intended use when required for pain relief is not an addiction. If you have a history of addiction or any concerns regarding opioid use speak with your doctor.
- "Tolerance" or "Dependence" to opioids can happen when the body gets used to a certain medication over a longer period. This can be managed by decreasing your dose as your pain level improves.

Pros: It is rare for a patient to become addicted as a result of taking opioids for pain after surgery. Opioids work well with other non-opioid medications in combination for treating severe pain.

Cons: Opioids may cause sleepiness, nausea, itching, or may interfere with breathing or cause constipation. It is recommended you do not drive while taking opioid medication. Constipation may be a side effect of the narcotic pain medication. Increase the fiber in your diet and drink plenty of fluids to help prevent constipation. Good sources of fiber are fruits, vegetables and whole grain breads and cereals (All Bran™, Bran Flakes, Shreddies™ and Shredded Wheat). An over-the-counter laxative may be helpful for preventing opioid induced constipation. Speak with your community pharmacist.

Other Medications

- Local anesthetics are 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 signals to your brain. They cause short term numbness in a specific area of your body.
- These can be given for pain management for a specific body part being operated on.

Nerve Block

- A single injection of local anesthetic medication near a nerve.
- When the nerve block starts to wear off you will feel tingling. It is recommended to take pain medications as soon as the tingling starts and/or sensation returns.

Pros: When you have a nerve block you cannot move the body part of the affected region for about 24 hours.

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

- Pain medication administered through a tiny tube called an epidural catheter which is placed in your back.
- Epidural medication is provided as a continuous infusion after 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 manage pain will need to be used

Spinal Anesthetic/Intrathecal Opioid Injection

- 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 many surgeries. Movement to the lower body is impaired for a few hours after having a spinal.
- Intrathecal opioid can last for 18-24 hours and requires admission to hospital to be monitored overnight.

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

Cons: You may experience side effects such as being sleepy, itchy or have problems going to the bathroom.

Ask for and take pain medicine when the pain first starts.

If the regularly scheduled medications you are receiving are 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 pain management. It is more difficult to manage pain once it is severe. Ask for pain medications routinely and as pain increases this will help to manage your pain and support your recovery.

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 and/or other side effects. Speak to your nurse/doctor about this.

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).
- 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.

If your pain is unmanageable report it.

Report any side effects

- Any medications used can have side effects. These can usually be managed or can 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 several options for relieving pain that do not require medications. Some of these include:

- Ice
- Repositioning
- Meditation, relaxation, distraction with breathing, or music.
- Imagery
- Physical techniques such as massage, acupuncture, positioning, splinting, cold or warm packs
- Laughter
- Prayer

Most of these techniques work best if you start them before your surgery and learn which works best for you. If you have anything at home that would help you with these techniques, please bring them to the hospital with you. For example, you may want to bring your music player with you.

Pain is personal. The goal of pain management is to help you achieve your goals while providing safe and effective pain management therapy. After reviewing the information in this booklet speak with your doctor and/or nurse to answer any questions that you may have.

Mission, Vision & Values

OUR VISION

Trusted as one of Canada's most caring and innovative health partners, fostering vibrant, healthy communities

OUR MISSION

To provide high-quality, compassionate and coordinated care for the people and communities we serve.

OUR VALUES

- Collaboration
- Accountability
- Innovation
- Respect

Our Cornerstone Programs are:

- Acute Rehabilitation
- Childbirth
- Critical Care
- Emergency
- Geriatric
- Medicine
- Mental Health
- Surgical

