

# Pain relief options after surgery

Department of Pain Management

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Information for Patients

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## Introduction

This booklet has information about pain and pain control after your operation. It should help you to:

- understand why you feel pain and how painkillers work
- learn why controlling your pain is important for your recovery as well as for your comfort
- know how to help the nurses assess your pain
- be able to play an active part in your recovery.
- have Information that lets you choose the best option to treat your pain

## Why do we feel pain?

During any operation nerve endings are damaged. When this happens pain messages are sent to your brain. How everyone feels pain is different. It is an uncomfortable and unpleasant feeling.

## How do painkillers work?

Painkillers work in different ways:

- Some will reduce the swelling of injured tissue
- Some work by blocking pain messages from getting to your brain

We may give you a mix of different painkillers. They work in different ways to control your pain.

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or call 111 for non-emergency medical advice**

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## Why is it important to control pain?

Most people expect some pain after an operation. We will aim to keep your pain as low as possible. This is important for your comfort and for a safe, speedy recovery.

The aim is to make you as comfortable as possible. As soon as your pain is properly controlled you will be able to move around and do deep breathing exercises. This reduces your risk of getting complications such as:

- Bed sores
- Stiff muscles and joints
- Chest infections
- Blood clots in your legs

You should aim to take pain killers to

- control your pain
- cough
- breathe deeply
- move about in comfort.

## How can I help the nurses assess my pain?

The nurses will ask you to describe your pain, and then score your pain out of 10. They will ask you to take a deep breathe, cough and move around. They can then make a score and use it to [find out](#)

- how well your painkillers are working
- if they need to make any changes

## How can my painkillers be given?

There are a few ways painkillers can be given, such as:

- Directly into your vein
- As an injection
- Tablets and medicines. These may be given before or after the procedure
- Patient controlled pain relief (analgesia)
- Epidural pain relief (analgesia)
- Local anaesthetic infusion

### Directly into your vein

A small dose of painkiller may be given into the drip in your hand or arm. This is usually given to you by a nurse or doctor in the recovery room when you awake from your anaesthetic. It usually works very quickly – within 5 minutes. This will make sure that your pain is under control before you leave the recovery room for the ward.

## **As an injection**

Painkillers can be given as an injection. It goes into a muscle in your bottom or leg. The injection takes 10 to 20 minutes to work. They are best for short periods of pain.

## **Tablets and medicines**

Once you are able to drink you will be able to take painkilling tablets by mouth. Tablets and medicines come in different strengths and are simple to take. They can work just as well as any of the other methods mentioned.

Tablets and medicines taken by mouth usually take 30 to 40 minutes to start working.

We may give pain killers as into your back passage during the operation to help with pain relief after surgery. This will always be discussed with you first at your anaesthetic assessment

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

Patient controlled analgesia means that you control the amount of painkiller you need. A strong painkiller, usually morphine, is put into a special pump and attached to your drip. We will give you a button for the machine. You can press it each time you feel pain or discomfort. This will give you a small dose of the painkiller. The machine is programmed for safety, so you cannot give yourself too much by accident.

Please do not let children and other visitors press the button on the handset. It is only for your use.

If this option is chosen, when you wake up from your operation the PCA will be there ready for you to use. The recovery nurse will tell you how to use it.

## **Advantages of PCA**

PCA is very popular with patients as it let you manage pain control. Because the drug goes directly into a vein it works very quickly. You do not have to wait for a nurse to prepare an injection. You are the only one who knows how bad your pain is. This device lets you control your pain as needed. This gives you greater control.

You may use PCA as long as you need it but most patients move on to tablets after a few days.

## **Other factors you may wish to know about PCA**

- You should not feel anything when you press the button. If you do feel any discomfort in your arm please let the nurses know.
- You may feel a bit drowsy while getting strong painkillers. The nurses will keep a regular check on this.
- Some people feel sick while having strong painkillers. We will always prescribe you medication in case this happens. Please let the nurses know so that they can give you some medication for the sickness.
- You will not be able to leave the ward with PCA without hospital staff supervision.

## Epidural pain relief

Epidural pain relief (analgesia) is used to manage pain after big operations. The anaesthetist will help you decide if an epidural is suitable for you.

The anaesthetist puts a small plastic tube into your back just before your operation/during your operation. This lies close to the nerves in your back. Nerve messages are blocked giving pain relief. The tube is carefully secured to your back, comes over your shoulder and is attached to a pump. The pump is programmed to give you the medication you need.

## Advantages of epidural pain relief

As your pain is controlled you will feel more able to cope with physiotherapy, moving around the bed and coughing. This reduces the risk of blood clots and chest infections.

To minimise risk, it is very important that you **tell the anaesthetist** about any of the following:

- You are taking blood thinning drugs, such as warfarin.
- You have a blood clotting problem.
- You have an allergy to local anaesthetics.
- You have severe arthritis or deformity of the spine.
- You have an infection in your back.

## Common side effects and complications with epidural pain relief

The risk of complications should be balanced against the benefits of an epidural compared with other methods of pain relief. Your anaesthetist will discuss these at your anaesthetic assessment.

- You may feel some numbness or pins and needles in your legs and bottom or arms and hands. Sometimes you may also feel heaviness and difficulty in moving one or both legs. This will only be temporary. It will get better when the epidural is stopped. It is important that you tell the nurses about this so that they can adjust the amount of pain relief and check your skin.
- You may have low blood pressure. This may make you feel faint and light-headed. Fluids and/or drugs can be put into your drip to treat this. The nurses will check your blood pressure regularly. Low blood pressure is common after surgery, even without an epidural.
- Itching is a common side effect of morphine-like drugs used with local anaesthetic. It is easily treated with anti-allergy drugs.
- Difficulty peeing (passing urine) is common. The epidural affects the nerves that supply the bladder. We usually insert a urine catheter ('tube'). This also helps monitor kidney function after major surgery. Bladder function returns to normal when the epidural wears off.
- Strong painkillers can make you feel or be sick (nausea and vomiting). This happens less with an epidural than with most other methods of pain relief. We can give you anti-sickness medicine.
- Backache is common after surgery, with or without an epidural. It is often caused by lying on a flat operating table. There is now good evidence that epidurals do not cause long-term backache. But if you have pain at the site where the epidural is sited please tell the nurses. If

has got worse since you were discharged, you need to see your GP.

- Sometimes the epidural does not completely stop all of your pain. Overall, epidurals usually offer better pain relief than other methods. Other methods of pain relief are available if the epidural fails.
- Minor headaches are common after surgery with or without epidural. There is a 1 in 200 chance of having a severe headache after an epidural. Often the headache will settle by drinking plenty of fluids and taking simple painkillers. If it gets worse if you sit or lie flat, the nurses will let the anaesthetist know. You may need specific treatment for this headache.

### **Uncommon complications**

- Strong painkillers used in the epidural can cause slow breathing and/or drowsiness. This needs treatment.
- The epidural catheter can become infected. It may have to be removed. You may need antibiotics. It is very rare for the infection to spread any further than the insertion site in the skin.

### **Rare or very rare complications**

Permanent nerve damage, epidural abscess, epidural blood clot (haematoma) and stopping of the heart (cardiac arrest) are very rare indeed.

If you have severe back pain or numbness in your legs during an epidural or after removal please tell a doctor or nurse right away.

If you need more information - you can talk to your anaesthetist.

We aim to give everyone an aftercare letter when your epidural is taken out. When you go home, if you have any of the following, please see your GP as soon as possible. Take this booklet and your advice letter with you.

- Entry site where the epidural was in your back looks red
- Unusual tingling in arms or legs or loss of function
- New back pain
- Severe headache and photophobia (fear/sensitivity to light)
- High temperature with any of the above.

If you are not able to move your legs please go to the Emergency Department.

### **Local anaesthetic infusion**

This is the delivery local anaesthetic medication through a tube in your wound. It has lots of tiny holes. It gives you pain relief.

There are different types of infusions where you are given local anaesthetic such as

- a tube inserted into the tummy

- a tube inserted in or around your wound
- local anaesthetic via a tube into your back

These are done by the anaesthetist or surgeon during your procedure using ultrasound

We can put the catheters in place before you go to sleep or at the end of the surgery while you are asleep. Sometimes, the surgeon can put the catheter in your wound at the end of the surgery while you are asleep (wound infusion).

The local anaesthetic medication will be given by a single use disposable pump (Dosifuser).

It will be put inside a disposable bag. You can be as mobile as possible after your operation. The pain relief is given at a set rate so you cannot get too much. You would usually have a local anaesthetic infusion for around 48 to 72 hours. The catheter is not stitched in place and easily slides out once the infusion is finished.

The delivery of local anaesthetic via this route is quite safe. If you have any worries you should tell your nurse. A member of the hospital pain team may visit you whilst you have a local anaesthetic device is running. Complications are unusual but the Pain Team are trained to spot and deal with any problems.

All methods of pain relief need routine monitoring. The nursing staff will check your temperature, blood pressure, pulse and respiratory rate. They will ask you questions about how well you feel your pain is controlled

## Sickness after surgery

Some people worry about feeling sick after an operation. Not everyone is sick after surgery, roughly only 1 in 3 of people feel sick.

### As prevention

- We can give you medication at the time of your anaesthetic and after your operation. We can give it either directly into your vein, as an Injection or suppository to reduce the likelihood of sickness. It is important to tell the nurse/doctor of any worries you have.
- For some surgery, regional anaesthesia may be better to reduce the chances of sickness after surgery

### To help avoid sickness you can:

- Warn us if you felt sick after a previous operation.
- Tell the nurse right away if you feel sick.
- Move slowly and smoothly.
- Drink small sips to begin with
- Eat little, light and often when you start eating again
- Try taking deep breaths if you feel sick.

## Pain relief at home

You will be prescribed painkillers to take home.

- The ward nurse will explain how to use them.
- Only take tablets as prescribed.
- Avoid over-the-counter remedies unless you have spoken to a pharmacist or GP.
- If your pain is not controlled at home, speak to your GP.

Your GP will help you monitor how long you need to take painkillers after surgery. You should see your GP if:

- The pain does not go away and the tablets you have been given do not help the pain.
- You still need painkillers after the supply the hospital gives you have finished.
- You are taking strong painkillers (morphine). The GP will need to advise you about reducing the dose. It is important that you wean off strong pain killers over a few days. You need to do this with your GP to minimise problems related to pain killers in the future.

Constipation is a common side effect of many painkillers given to patients. Talk to your pharmacist or GP if this becomes a problem. They will be able to suggest a simple remedy

## How can I get involved in deciding which painkillers are best for me

Reading this information will give you some basic information. Before your operation, an anaesthetist will see you. This is a chance for you to talk about pain management and any worries you may have. Your surgeon and the nurses on the ward will also be happy to talk to you about your painkillers.

## Getting the best from my painkillers

Quite often we need to control pain with a mix of painkillers. You might find your nurse gives you 2 or even 3 different types. This is safe. You will have a much better effect than using only 1 type of painkiller.

Some people worry about taking painkillers in hospital and at home as they believe that they will become addicted. This is highly unlikely. You are more likely to get a problem by not taking your painkiller.

- Do not let your pain get too bad. Ask the nurse for painkillers when you need them. You do not have to wait for a medicine round.
- Let the staff know if you have any pain or feel uncomfortable. Even if the nurses appear busy, they will be happy to get you some medicine.
- Please do not suffer in silence. There are many modern medicines and treatments available to you.



## Some useful tips

Take your painkillers regularly. Do not refuse doses unless you can move and cough comfortably.

- Make sure you have painkillers before activities such as physiotherapy, walking and washing. This will help you to do these things more comfortably.
- They help ease pain. We want to encourage you to use them.
- If you are comfortable without your painkillers, you do not need to take them.

## Contact details

Any member of your medical and nursing team will be able to answer questions about your pain and pain relief whilst in hospital. During your hospital stay you may be seen by the Hospital Acute Pain Team.

Your GP will be the best person to help you with any worries about your pain when you go home..

This publication includes text taken from The Royal College of Anaesthetists' (RCoA) leaflet 'Epidural pain relief after surgery(2014) but the RCoA has not reviewed this as a whole. [www.rcoa.ac.uk](http://www.rcoa.ac.uk)

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