



The Shrewsbury and
Telford Hospital
NHS Trust

Patient Information

Post-Operative Pain Relief in Hospital

Acute Pain Team

Controlling pain after your operation is important. If your pain is controlled, there is reduced risk of complications as you can mobilise and take deep breaths and you will be discharged home earlier.

Pain is different for everyone - some patients will need more pain killer and some will need less.

This leaflet gives you information about pain relief after your operation

It's much easier to relieve pain before it gets severe. It's best to ask for pain relief as soon as you feel pain and continue the treatment regularly.

Different Types of Oral Painkilling Tablets

Paracetamol

Paracetamol is a simple, effective painkiller. Take as instructed on the packaging or advice given to you.

(You must not take any other medicines that contain Paracetamol at the same time—this includes cold/flu medicines).

Codeine

This is a stronger painkiller. You must continue to take Paracetamol regularly in addition to these. Follow instructions on package or advice given to you.

Ibuprofen

Inflammation may cause pain. Certain painkillers work by reducing the amount of inflammation in your body. Ibuprofen can be taken three times a day for the first few days post-operatively, then as required. Ibuprofen should be taken with food to prevent indigestion symptoms. Ibuprofen can be taken with Paracetamol, Codeine and Oramorph.

If you have had a previous stomach ulcer, asthma, take aspirin or have problems with your kidneys, these tablets may not be suitable for you (you will need to discuss this with your doctor).

Stronger painkillers

It is possible to have pain at times despite being on regular long-acting painkillers. You will be prescribed strong pain killers “as required” which your nurse can administer if you need them.

Ways of giving pain relief

Capsules, tablets or liquids may be used for all types of pain, they are taken orally. They take about 15 to 20 minutes to work and should be taken regularly.

Injections may be given:-

- 1) Into your vein in your hand or arm. This method is very quick acting.
- 2) Or into your leg or buttock muscle (intramuscular) using a fine needle.

Suppositories are a small capsule which is placed in your back passage (rectum). They are useful if you cannot swallow or if you feel sick.

Patient Controlled Analgesia (PCA) uses a pump that allows you to take control of your own pain relief. You can give yourself a small dose strong painkiller painlessly, by pressing the button on the handset. It is injected directly through a plastic tube

(cannula) which is inserted into a vein, usually on your arm or hand.

Epidural analgesia - an anaesthetist inserts a catheter (a long, fine plastic tube) into your back which will stay in place for up to three days. Medication is delivered continuously through the tube to provide pain relief.

A spinal anaesthetic is a single injection with a thin needle that puts painkiller close to the nerves. The numbing effect lasts up to 4 hours. A spinal anaesthetic may be used as an alternative to a general anaesthetic for some operations. Depending on the type of operation and your health this type of painkiller may be safer for you, your anaesthetist will discuss this with you.

Local wound infiltration device - a fine catheter is placed in the surgical wound by the surgeon, this is attached to a pump. This delivers painkiller into your wound for up to 3 days.

What if I am still in pain?

After your operation your nurse will talk to you about the amount of pain you are in so that we can treat you effectively.

If your pain is not controlled or you have any other problems, please discuss with your nurse.

Side effects of pain killing drugs

They may include one or more of the following: nausea & sickness, itching, constipation, drowsiness or confusion.

Please tell your nurse if you have any side effects as they can all be treated.

Acute Pain Nurses

Are available Monday to Friday 8am till 4pm, they will come to see you if you are having problems controlling your pain after your operation.

Going home

The pharmacist or nurse will give you instructions about your medication that you will take home. You will also receive advice about how to gradually reduce your intake of painkillers after you leave hospital. If you have any concerns after you have gone home, or your pain continues contact your GP for advice.

Further information is available from;

Acute Pain Specialist Nurse – sath.pain.nurses@nhs.net

Patient Advise and Liaison Service (PALS)

We act on your behalf when handling patient and family concerns, liaising with staff, managers and where appropriate, relevant organisations to negotiate immediate or prompt solutions. We can also help you get support from other local or national agencies.

Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691
Princess Royal Hospital, Tel: 01952 282888

Other Sources of Information

NHS 111

A fast and easy way to get the right help, whatever the time. NHS 111 is available 24 hours a day, 365 days of the year.

Telephone: 111 (free from a landline or mobile)

Website: www.nhs.uk

Patient UK

Provides leaflets on health and disease translated into 11 other languages as well as links to national support/self-help groups and a directory of UK health websites.

Website: www.patient.info

Website: www.sath.nhs.uk

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