

Please read the information leaflet. Share the information it contains with your partner and family (if you wish) so that they can be of help and support. There may be information they need to know, especially if they are taking care of you following your hospital stay.

Should you require further advice on the issues contained in this leaflet, please do not hesitate to contact the Pain Management Nurse Team via the hospital switchboard:

Telephone No: (01482) 875875 (Monday - Friday)

If they are not available contact the Anaesthetic Department, Hull Royal Infirmary

Telephone No: (01482) 674542

General advice and consent

Most of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion with your doctor. You will be asked to sign a consent form and you should be satisfied that you have received enough information before going ahead.

Consent to Treatment

Before any doctor, nurse or therapist examines or treats you, they must seek your consent or permission. In order to make a decision, you need to have information from health professionals about the treatment or investigation which is being offered to you. **You should always ask them more questions if you don't understand or if you want more information.**

- you must be able to give your consent
- you must be given enough information to enable you to make a decision
- you must be acting under your own free will and not under the strong influence of another person

How much do I need to know?

Some people want to know as much as possible about their condition and possible treatments; others prefer to leave decisions to the experts. No one providing healthcare will force information on you, for example, about the risks of treatment if you don't want to know. But remember, the person in the best position to know what matters most is **you**.

Information about you

As part of your care, when you come to the hospital, information about you is shared between members of a healthcare team, some of whom you may not meet. It may be used to help train staff involved in your care. Information we collect may also be used after you have been treated to help us to maintain and improve the quality of our care, to plan services, or to research into new developments.

We may pass on information to other health organisations to help improve the quality of care provided by the NHS generally.

All information is treated as strictly confidential, and is not given to anyone who does not need it. If you have any concerns please ask your doctor, or the person caring for you.

Under the Data Protection Act (1998), Hull and East Yorkshire Hospitals NHS Trust is responsible for maintaining the confidentiality of any information we hold about you.

Pain Relief while in Hospital

Pain Service
Anaesthetic Department



This leaflet was produced by the Pain Service, Anaesthetic Department, Hull and East Yorkshire Hospitals NHS Trust and will be reviewed in June 2015

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Introduction

This leaflet has been produced to give you general information about your treatment. Most of your questions should have been answered by this leaflet. It is not intended to replace the discussion between you and your doctor, but may act as a starting point for discussion. If after reading it you have any concerns or require further explanation, please discuss this with a member of the healthcare team who has been caring for you.

Not all types of pain relief are suitable for all patients or appropriate for all conditions/types of surgery. The doctor/anaesthetist will discuss the type of pain relief that will be best for you when he/she visits you.

Oral pain relief

Oral pain relief (taken via the mouth) alone is often enough to help relieve your pain. If you are able to tolerate fluids you will be given oral pain relief. It may also be used to supplement other forms of pain relief after larger operations.

Tablets will usually be prescribed regularly (the doctor will write a prescription for your tablets to be given at regular intervals during the day) throughout your stay in hospital. The nursing team will offer these to you when they do their regular 'drug rounds'. If you are in pain at other times do not be afraid to ask for extra tablets, as it is easier to control your pain by simple methods before it becomes uncomfortable. For example, it is advisable to ask your nurse for pain relief to make you more comfortable so that you are able to move around during the day and help you have a comfortable night. This will help you to get a better night's sleep.

Intramuscular Injections

Many types of acute and post-operative pain are well controlled by intramuscular injections. These injections will be given by a nurse and involve an injection into your thigh or buttock at regular intervals.

These injections may take up to one hour to work, so it is important that you tell the nurse when you begin to feel uncomfortable and do not wait until the pain becomes too much.

Suppositories

Pain relieving suppositories (waxy, torpedo shaped capsules) are placed into your back passage (rectum) where they dissolve and are absorbed into your body. Suppositories can be used to supplement other forms of pain relief, such as intramuscular injection, when you cannot tolerate oral pain relief.

Intravenous patient controlled analgesia (IV - PCA)

This is a method of pain relief known as Intravenous Patient Controlled Analgesia (IV-PCA) used mainly after major surgery.

If you are about to have a major operation the anaesthetist may suggest that you have an Intravenous Patient Controlled Analgesia (IV-PCA) pump afterwards. This is a device that allows you to give yourself pain relieving drugs when you need them. It consists of a pump that is filled with pain relieving drugs and is connected to the drip in your arm. When you press the button on the handset a small dose of the drug will be delivered directly into your drip. This takes about 5 minutes to work and during this period the pump will not deliver another dose even if you press the button. This prevents you from giving yourself an overdose.

Occasionally non-surgical patients experiencing severe acute pain will benefit from IV-PCA.

An IV-PCA pump has the great advantage that you are in control of your pain relief. Further information is available on a separate information leaflet entitled Intravenous Patient Controlled Analgesia. Please ask for details.

Patient Controlled Epidural Analgesia (PCEA)

Patient Controlled Epidural Analgesia (PCEA) is an effective form of pain relief usually used after certain types of major surgery.

The nerves from your spine to your lower body pass through an area in your back close to your spinal cord, called the 'epidural space'.

An epidural is done by injecting local anaesthetic through a long thin plastic tube called an epidural catheter, into the epidural space. As a result the nerve messages are blocked. This may cause numbness, which varies in extent according to the amount of local anaesthetic injected. If you experience numbness, full feeling should return when the epidural is reduced or stopped.

An epidural pump allows local anaesthetic to be given continuously and the amount of drugs given is carefully controlled. Other pain relieving drugs such as paracetamol can also be given.

You may be able to press a button on a handset to give a small extra dose from the pump. Your anaesthetist will set the pump to limit the dose which you can give, so overdose is extremely rare. If you do overdose, the PCEA will be stopped and drugs will be given to stop the unwanted effects of the epidural.

PCEA provides better pain relief than most other methods, particularly when you move. PCEA reduces the risk of complications after major surgery such as nausea/vomiting, leg/lung blood clots, chest infection and delayed bowel function. You should experience a quicker return to eating, drinking and full movement, possibly with a shorter stay in hospital compared to other methods of pain relief.

Further information is available on a separate information leaflet entitled Patient Controlled Epidural Analgesia. Please ask for details.

What happens afterwards?

When you leave the hospital you may be given pain relief to take home. Follow the printed instructions on the box/bottle of medication. These medicines are usually labeled "take when required for pain relief".

When you go home you will probably need to take them regularly for the first day or two. As you recover you will be able to reduce the amount you take each day. If you are unable to manage your pain you should contact your own doctor (GP) for advice. You should not usually need to continue on the strong pain relief given to you from the hospital. Mild pain can usually be managed with simple pain relief, e.g. paracetamol.

However, some people do need to take regular strong pain relief. If this applies to you, this will be explained to you by the nurse when your take home prescription is given to you.

Some pain relief can cause constipation. If this is a problem, laxatives can be bought at your local pharmacy/chemist or prescribed by your GP.