

Large print and other languages

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. For more information, speak to your clinical team.

এই তথ্যগুলো সহজে পড়া যায় অথবা বৃহৎ প্রিন্টের মত বিকল্প ফরম্যাটে পাওয়া যাবে, এবং অনুরোধে অন্য ভাষায়ও পাওয়া যেতে পারে। আরো তথ্যের জন্য আপনার ক্লিনিক্যাল টিমের সাথে কথা বলুন।

Na żądanie te informacje mogą zostać udostępnione w innych formatach, takich jak zapis większą czcionką lub łatwą do czytania, a także w innych językach. Aby uzyskać więcej informacji, porozmawiaj ze swoim zespołem specjalistów.

Macluumaadkaan waxaa loo heli karaa qaab kale, sida ugu akhrinta ugu fudud, ama far waa weyn, waxana laga yabaa in lagu heli luuqaado Kale, haddii la codsado. Wixii macluumaad dheeraad ah, kala hadal kooxda xarunta caafimaadka.

Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinizle irtibata geçin.

یہ معلومات متبادل فارمیٹس میں دستیاب کی جا سکتی ہیں، جیسا کہ پڑھنے میں آسان یا بڑا پرنٹ اور درخواست پر متبادل زبانوں میں بھی دستیاب ہو سکتی ہیں۔ مزید معلومات کے لیے، اپنی کلینکل ٹیم سے بات کریں۔

Tell us what you think

Tweet us @NHSBartsHealth

Talk to us via [facebook.com/bartshealth](https://www.facebook.com/bartshealth)

Leave feedback on NHS Choices www.nhs.uk

Patient Advice and Liaison Service (PALS)

Please contact us if you need general information or advice about Trust services: www.bartshealth.nhs.uk/pals

Reference: BH/PIN/1141

Publication date: April 2022

All our patient information leaflets are reviewed every three years.

©Barts Health NHS Trust

Switchboard: 020 3416 5000

www.bartshealth.nhs.uk

NHS

Barts Health
NHS Trust

Patient information

Acute Pain Management Information Leaflet

Improving your inpatient journey and
pain experience



This includes things you can do yourself to control pain in hospital and after you go home.

The aim is to improve your inpatient journey and overall pain experience. This will assist you to feel better, keep active and reduce serious risks like chest infections and blood clots.

What to expect after your surgery

Reasons for discomfort or pain

- Surgical wound
- Bruising/haematoma
- Drains
- Long period of lying in a specific position on the operating table (back pain/muscle pain)
- Pain in a body area related to the area of surgery (e.g., shoulder pain after lung surgery)

Management of surgical pain with medication

Different medications work in different ways, which is why we often combine them to achieve the best effect. It is best to take one type of medicine regularly and add others, if needed, depending on the type of pain you have.

You will probably still have some pain even with pain medicine. It is best to use the medicine when you first notice pain, and not wait for it to get worse.

This will help you to do activities to speed up your recovery, e.g., deep breathing and physiotherapy. Pain is easier to manage if treated early, and less likely to become a long-term problem.

Resources and further information

Websites:

The British Pain Society (<http://www.britishpainsociety.org/>)

Mindfulness for health:

Breathworks (<http://www.breathworks-mindfulness.org.uk/>)

Books:

Living Well with Pain and Illness: The Mindful Way to Free Yourself from Suffering – V Burch (2011)

Videos:

Guided sleep meditation:

<https://m.youtube.com/watch?v=861UDPivmFw&list=LL&index=1>

How to stop taking your pain medication

You may be prescribed several pain drugs when you leave hospital.

If you have been taking a combination of medicines, it can be confusing to know how to reduce them once your pain becomes more manageable.

Your healthcare team, including your GP, will advise you how to wean and stop your pain medications safely. For most medications, it is best to reduce gradually over a couple of weeks after your discharge from hospital.

If you are taking opioid-based medicines, like Codeine phosphate, Dihydrocodeine, Morphine, Oxycodone or Tramadol, it is best to start reducing these first. Opioids should not be taken long term, even if you have some ongoing pain. This is because they lose their helpful effects with time and start to cause more side effects.

Following opioids, then reduce and stop the simple painkillers.

When your pain is only intermittent or mild, you can stop taking the Paracetamol regularly and just take it as needed.

A pain management plan may include some of the following:

Regional anaesthesia

This is an infusion of local anaesthetic to numb the area of the body that has been operated on.

It can be used for up to 5 days and is delivered through a pump.

Patient controlled analgesia (PCA)

This allows you to administer small, safe doses of an opioid (e.g. Morphine) to yourself simply by pressing a handheld button attached to a pump.

Regular simple painkillers

This may include Paracetamol and Ibuprofen.

They can help the stronger painkillers e.g., Morphine, to work better after surgery.

They should be taken regularly every 6 to 8 hours.

Opioid medication

Opioids are a type of strong pain-relieving medication.

Commonly used examples are Codeine phosphate, Dihydrocodeine, Morphine, Fentanyl, Tramadol and Oxycodone.

These medications are very effective over short periods to relieve moderate to severe pain. Occasionally it is necessary to continue taking opioid medication for longer periods, but this is usually not advised.

Opioids can be administered intravenously, by mouth as tablets or under the tongue.

Common side-effects associated with opioid use is nausea, vomiting, constipation, feeling drowsy, confusion/hallucinations

Extra pain medication

You can ask for extra pain medication, if needed. This may help you to manage exercise, physiotherapy, or wound care.

Commonly used examples include Morphine and Oxycodone

We aim to treat all our patients' pain and discomfort intensely in the first 48 hours after treatment or surgery. After 48 hours, some pain-relieving strategies might be weaned.

Side-effects

Side effects are usually related to the amount of the medicine you are taking, but some people are more sensitive than others. Not all pain medication is suitable for everyone.

Acute Pain Management Team

If you struggle with pain or discomfort, your medical team can contact the Specialist Pain Management Team to help improve the management of your pain.

Neuropathic pain (“Nerve pain”)

Occasionally, after an operation, pain nerves can become overexcited and cause pain sensations including burning, electric shocks, tingling and even numbness. This type of pain is called neuropathic pain. There are medications that can target this type of pain specifically. These include Gabapentin, Pregabalin and Amitriptyline.

You are more likely to develop neuropathic or nerve pain if you have repeated surgery, especially in the same part of the body, or in an area of the body that is already painful.

Neuropathic pain can take a bit longer to calm down compared to other types of pain. You should take your medication regularly for one to three months before starting to slowly wean and stop them.

Management of pain without medication

Movement and gentle exercise

It is natural to be hesitant if you are in pain, but activity helps to stretch stiff and tense muscles, ligaments, and joints, which may actually, reduce the pain.

Distraction

Shifting your attention onto something else can help ensuring that pain is not the only thing on your mind. Talking to others, listening to music, reading, or watching TV may all be useful. You may not be able to push pain right out of your mind, but you can often find a way to put it in the background. Mindfulness and meditation can help with relaxation and the acceptance of pain.

Good breathing techniques

Concentrating on your breathing can relieve pain. When the pain is intense it is very easy to start taking shallow, rapid breaths that can make you feel dizzy, anxious, or panicked. Instead, breathe slowly and as deep as you possibly can. Breathe into a count of three, then breathe out with your lips pursed to a count of five. Repeat it for a few minutes.

Psychological support

Talking to friends and family, other patients and staff can help you feel much better.

Relaxation techniques

Practising relaxation techniques regularly can help to reduce persistent pain. There are many types of relaxation techniques, from breathing exercises to types of meditation (see section on resources).