

Pain Control following Orthopaedic Surgery

Pain following an operation is inevitable, different operations lead to varying degrees of post-operative discomfort and everyone experiences pain differently.

We aim for your pain to be at an acceptable level on movement, and should not prevent appropriate function e.g. Physiotherapy, mobilization.

Pain control is an essential part of your care

How can we reduce your pain?

Pain relief is available in different forms and strengths. There are three types:

- Paracetamol. Maximum of 8 tablets containing 500mg paracetamol per day.
- Anti-inflammatories. (Eg Ibuprofen or Diclofenac). This can affect your kidneys, so ensure you drink fluids and take with food.
- Opiates (Eg Codeine). These can make you constipated. Ensure you eat plenty of fruit and vegetables. They can make you drowsy – do not use machinery or sign important documents. Try to wean yourself off opiates when you can. Some are combined with paracetamol, eg 'co-codamol' contains 500mg of paracetamol in a tablet, so beware of taking too much paracetamol.

Tablets

When you are able to drink and eat then you may take your painkillers as a tablet. Most patients will take painkilling tablets after surgery to keep their discomfort to a minimum.

Suppositories

When it is not possible to take by mouth, some painkillers can be given by suppository, which are inserted into the back passage and absorbed by the body.

Nerve Blocks and Local Anaesthetics

Nerves carrying painful messages to the brain are blocked by injecting anaesthetic into either the groin or spinal region or the operation site. This will be carried out at the time of your operation and will give a numbing sensation for two to 24 hours, depending on which block is used. It is advisable to take painkillers before this wears off.

The Anaesthetist will discuss this with you.

Injection

You may need to have painkillers by injection into a muscle in your buttock or upper thigh.

Patient Controlled Analgesia (PCA)

This gives pain relief via a drip. You control this by pressing a demand button allowing a small amount of painkiller into your vein; this usually takes about 5 minutes to start working. The device has a built-in safeguard to prevent you giving yourself too much.

The nurses and pain team are able to give you advice and support.

You can also help to relieve pain by distraction activities e.g. listening to music, reading, watching television, changing position or pillows and relaxation.

Effective pain control is achieved by taking painkillers regularly.

Please discuss any concerns with the nurses or pain management nurse.

How is pain assessed?

After your operation your pain will be assessed regularly, pain will be measured by using a score and you will be asked to describe where the pain fits on a scale of 0 to 3.

0 = no pain

1 = mild pain on movement/physio

2 = moderate pain on movement/physio

3 = severe pain on movement/physio

Pain assessment is necessary to identify, measure and plan your pain relief.

Prevention or early treatment of pain is far more effective than trying to treat established or severe pain.

Side Effects

These may include nausea and vomiting, constipation, headache, dizziness, feeling sleepy and sometimes mild confusion. These side effects can be reduced with anti-sickness drugs, plenty of fluids, laxatives and rest.

Addiction will not occur as the painkillers are being used to relieve your pain.

Please let the nurses know if you feel any of these effects.

If you are taking other medicines or have had a reaction to medicines in the past please let us know.

Other suggestions to reduce pain

It is useful to keep the operated limb elevated for the first few days after surgery. This allows swelling to drain and reduces pain. It is also important to keep active, for example by moving fingers and toes regularly. Keep any joint moving that is not in a splint. When sleeping in bed and between bouts of activity, rest with the operated limb elevated.

Plan activities that you can do to keep your mind active. Try to get fresh air and eat well. Vitamin C is proven to reduce the risk of Complex Regional Pain syndrome (CRPS).

Try to remain focussed on positive things. There is information for patients about other aspects of surgery on: <https://www.cpoc.org.uk/patients>

Smoking is associated with complications after surgery, so try to stay smokefree post-op. There is help to do this on: <https://smokefree.gov/>

When you go home

You will be prescribed painkillers to take home with you to last for a few days. Continue pain relief as required, take them as directed and do not exceed the stated dose. Take painkillers before doing physiotherapy exercises.

Further supplies can be obtained from your GP or the local pharmacy.

If you are at all worried after you have left hospital, please do not hesitate to contact the nursing staff or your GP.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse, doctor or practitioner.

Reference

The directorate group that have agreed this patient information leaflet: Orthopaedics

Next review date: December 2023

Responsible clinician: Mr A Skyrme, Consultant Orthopaedic Surgeon

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