

Relief for Pain After Surgery

After surgery, nearly everyone has pain. Controlling your pain is a team effort. You, your surgeon, the nurses, and other health care staff will work together to make you as comfortable as possible right after surgery.

What kind of pain should I expect after surgery?

The pain that you may have right after surgery is called acute pain. It will decrease as your body heals. If you have pain for a longer period of time, it is called chronic pain.

Who will manage my pain after surgery?

At different phases of your recovery, all of the doctors who take care of you will work together to control your pain. They will adjust your pain medicines as needed to give the most pain relief possible.

How will my doctor know what pain relief method is best for me?

Our doctors are highly trained in prescribing the medicine needed to manage your pain. The pain control method and the doses are based on your sex, weight, age, diagnosis, and type of surgery. To help your doctor determine your dose, you will be asked to rate your pain on a scale from 0 (no pain) to 10 (the worst possible pain).

What is a realistic expectation for my pain control?

A realistic expectation is that your pain will be greatly reduced. However, you may not be completely pain-free. During your hospital stay, your nurse will regularly ask you about the pain you may be having. Your nurse will work with your doctor to adjust medicines as needed for the most relief possible.

What methods can be used to control my pain after surgery?

Pain is often controlled with different types of anesthesia, which are given before and/or during surgery. There are 3 main categories of anesthesia: general, regional, and local. Each category has different forms. For example, general anesthesia can be given as either a liquid or a gas. These 3 types of anesthesia can also be combined with one or more of the following pain management options.

Patient-Controlled Analgesia (PCA)

With PCA, you are the key to managing your pain because only you know how you really feel. You will receive the pain medicine prescribed by your doctor through a computerized pump. This pump, called a PCA pump, allows you to adjust your medicine to provide a level of comfort that is right for you.

The PCA pump is connected to a syringe of pain medicine that is attached to your IV (intravenous) line. To activate the PCA pump, you will press and release a control button to deliver a dose of medicine to relieve your pain.

It is important that **ONLY YOU** push the button for pain medicine when you have PCA. If someone other than you pushes the button, harmful effects can occur. You could be overdosed if someone else pushes the button.

Epidural Analgesia

Epidural analgesia is a combination of strong pain medicine and local anesthetic given through a tiny tube, or catheter, which is placed in your back. The tiny tube is inserted while you are under a local anesthetic, or numbing medicine, right before your surgery.

Epidural catheters are widely known because they are used for women during labor and delivery. Epidurals are an effective method of pain management for patients having various operations, including lung, abdominal, and gynecologic surgery.

Patient-Controlled Epidural Analgesia (PCEA)

This method can be used along with the epidural. Like the IV PCA, you can control additional doses of pain medicine by pushing a button when you think you need it. However, the additional dose of pain medicine will be given through your catheter instead of through an IV. Again, **YOU** should be the one to push the button for extra pain medicine. Family members must not push the button for their loved ones.

Continuous Nerve Blocks

Continuous nerve blocks give local anesthetic through a tiny tube, or catheter, placed near the surgery site. The medicine is given near a cluster of nerves to numb the area of your body that requires surgery. Because nerve blocks can be given for many different types of surgery, they are named for the specific nerves that they are placed near.

Local anesthetic is given continuously to keep the area numb for several days. A small, portable pump controls the doses of medicine. The pump can be carried with you while you are in the hospital so that you can do physical and occupational therapy while receiving the pain medicine.

In addition, your doctor may recommend that you be sent home with a disposable pump to continue the nerve block pain medicine for up to 48 hours. You will be given a pager number to reach the doctor during this time. Before you leave the hospital, you and your family will be taught how to remove the catheter and then dispose of the equipment at home.

Regional Nerve Blocks

Regional nerve blocks use the same numbing medicine that is used in continuous nerve blocks. However, instead of a continuous dose through a catheter, a single injection of the local anesthetic is given just before surgery. Because there is only a single dose, there is no need for a portable pump. The injection of the numbing medicine will last for a period of time after your surgery.

RELIEF FOR PAIN AFTER SURGERY

The use of regional nerve blocks decreases the amount of morphine and other strong pain medicines that you may require after surgery. Although regional nerve blocks can create complications, they also greatly reduce the serious side effects of morphine and other strong pain medicines.

UPMC

*Information
for Patients*

Other Pain Medicines

When you are able to eat and drink, you may begin taking pain medicine by mouth. You will continue taking medicine by mouth as you recover at home.

Questions

If you have questions, call:

UPMC

Pittsburgh, Pa., USA
www.upmc.com

For help in finding a doctor or health service that suits your needs, call the UPMC Referral Service at 412-647-UPMC (8762) or 1-800-533-UPMC (8762). Select option 1.

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