

Managing your pain after surgery

This patient education resource is not medical advice. It shares common health facts, advice, and tips about managing your pain after surgery. Some of the information in this resource may not apply to you. Please talk to your doctor, nurse, or other health-care team member to see if this information will work for you. They can also answer any questions or concerns that you might have.

Please read this booklet carefully and share it with your care partners. Make sure to ask your health-care provider as many questions as you need to. Understanding how to manage your pain after surgery will help you to get more involved in your care. Please read this guide before your surgery.

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Pain and you

Pain is a warning sign; it is the body's way of telling us that something could be wrong. Pain is complex and personal. It is affected by culture, spirituality, and past experience.

While some pain is **expected** after surgery, severe pain that affects your ability to eat, sleep or move needs to be looked after. Don't try to 'push through' this pain. You will get better faster if your pain is well controlled. Less pain means less stress on the body. You will be able to breathe deeply, cough and move more easily when you have less pain.

You and your health-care team can work together to manage your pain. Here are ways you can help your health-care team when it comes to managing pain.

- ✓ Talk about your pain experiences.
- ✓ Tell your health-care provider about the pain medicine and treatments you use at home.
- ✓ Tell your health-care provider about your pain. You are the best person to describe your pain. If you can't speak for yourself, your family and friends who know you well should be involved in your pain assessment.
- ✓ Ask your healthcare provider questions if you do not understand how your pain will be managed.

Please remember:

- ✗ Pain is **not** an expected part of illness, injury or aging.
- ✗ Your health-care team is **not** too busy to take care of your pain.
- ✗ Pain does **not** mean that your condition has worsened.
- ✗ Using a strong pain medicine does **not** mean that it will not work later if your pain gets worse.
- ✗ Asking for pain medicine does not make you 'drug-seeking.'
- ✓ Your pain **will** be taken seriously by the health-care team.
- ✓ The side effects of pain medicine **can** often be controlled by your health-care team.

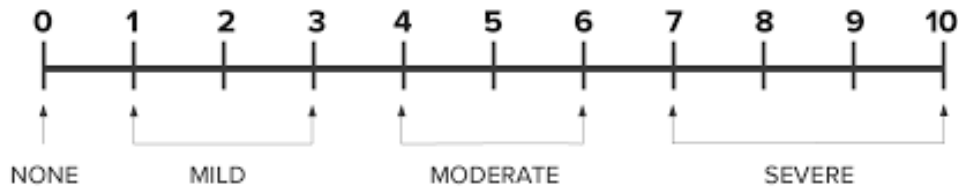
Please tell someone on your health-care team if you are feeling pain. Together, we will work to decrease your pain as much as possible.

Describing your pain

When describing your pain, use the images below and ask yourself the following questions. Your answers tell your health-care team more about your pain so they can decide if and how to make changes to your pain management.

1. How bad is my pain?
 - Rate your pain on a scale from 0 to 10 (see scale below).
 - A "0" means you have no pain, and a "10" describes the worst pain you can imagine.

- Rate your pain at different times:
 - While you are at rest (being still or not moving).
 - With activity (while you take deep breathes, move in bed, or walk) .
- You can also use words like mild, moderate, or severe to describe your pain.



We have this scale in many languages. Let your health-care team know which language you need.

2. Where is my pain?

- Is there more than one place where I am feeling pain?
- Can I point to the pain with one finger, or does it spread to a large area?
- Does the pain move to any other area of my body?
- How bad is the pain in each area?

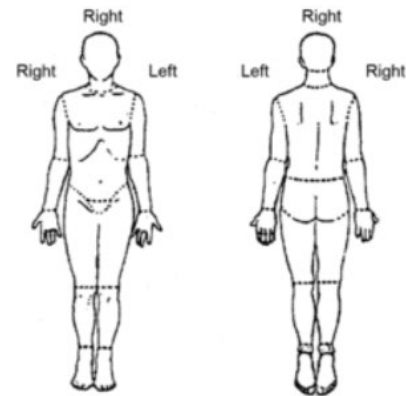


Figure 1 Diagram to help show where you feel pain

3. What does my pain feel like?

The words you use will help your health-care team to understand and treat your pain.

- | | | | |
|--------------------|----------------|------------|---------------|
| • Aching | • Burning | • Constant | • Dull |
| • Excruciating | • Intermittent | • Nagging | • Penetrating |
| • Pins and needles | • Pressure | • Sharp | • Shooting |
| • Stabbing | • Tightness | • Tingling | • Throbbing |

4. When did my pain start?

- How long does my pain usually last?
- How often do I feel pain? Is it all the time, or just sometimes?

5. What makes my pain better or worse?

- Do I have any relief with pain medicine or other methods such as massage, ice or heat, positioning, meditation, mindfulness, or distraction?







Setting a goal

Set a goal for your pain management. Your health-care team will work with you to manage your pain to help you reach your goal. After your surgery, your pain should be controlled enough that you can rest comfortably. Pain should not stop you from deep breathing, coughing, turning, getting out of bed, or walking.

Pain management: What are the options?

It is best to treat pain early and consistently. Both medicine and non-medicine methods can be used to do so.

Before surgery, your doctor will talk to you about the different ways to control your pain. You and your doctor will decide how to manage your pain. The decision depends on the type of surgery, length of time you will spend in hospital, and your medical history.

Medical ways to control pain	
What it is called	How it works
Pills, tablets or capsules  <small>© UHN Patient Education</small>	Pills, tablets, or capsules swallowed by mouth
Intravenous (IV)  <small>© UHN Patient Education</small>	Intravenous means inside the vein. Pain medicine is sometimes given through a small plastic tube in the vein.
Intravenous patient-controlled analgesia (IV PCA)  <small>© UHN Patient Education</small>	Medicine for pain is called analgesia. This is an intravenous medicine that you give yourself by pressing a button.
Needle injection  <small>© UHN Patient Education</small>	A needle with pain medicine is given under your skin or into a muscle.
Nerve block  <small>© UHN Patient Education</small>	An injection that numbs the nerves where you have pain.
Epidural  <small>© UHN Patient Education</small>	Pain medicine is given through a small plastic tube near your spine to numb the nerves

Pain medicines

There are many pain medicines used to treat different types and levels of pain. The most common medicines used after surgery are:

- Acetaminophen (Tylenol®)
- Non-steroidal anti-inflammatory drugs (NSAIDs)
- Opioids (narcotics)
- Local anesthetics (freezing or numbing medicine)

Some patients need more than one type of pain medicine and/or technique to give them the best pain management and reduce side effects.

Acetaminophen (Tylenol®)

- Used for mild to moderate pain.
- Can also be given with other pain medicine to help control moderate to severe pain. Can affect the liver if taken over a long period of time. Tell your doctor if you have liver problems.

Non-Steroidal Anti-Inflammatory Drugs (NSAID's)

- Used for mild to moderate pain.
- Can be given with other types of pain medicines to help control moderate to severe pain. **Never take more than one type of NSAID at a time.** This type of medicine can affect your kidneys and stomach. Taking too much of an NSAID can increase your risk of bleeding. Talk to your doctor to see if there is a reason why you should not take an NSAID.

Types of NSAIDs	
Generic name	Brand names
Celecoxib	Celebrex®
Naproxen	Naprosyn®, Aleve®
Ibuprofen	Motrin®, Advil®
Meloxicam	Mobicox®
Ketorolac	Toradol®
Diclofenac	Voltaren®

The "generic" name is the formal name of the drug. The company that makes the drug decides on the brand name.

Taking Tylenol and an NSAID together can give better pain relief with fewer side effects. They should be the first pain medicines that you are given and the last that you stop taking as your pain feels better

Opioid (oh'-pea-oyd)

- Also called 'narcotics'.
- Used for moderate to severe pain.
- Best used for pain that comes and goes (effects can last between 2 to 6 hours).

If you use opioids regularly at home, it is important to continue taking them while you are in the hospital as well. Make sure to talk to your health-care provider so that you are given the right amount of medicine while you are in the hospital.

Examples of common opioids	
Generic name	Brand names
Hydromorphone	Dilaudid®
Morphine	Statex®
Oxycodone	Oxy IR®, Oxycocet®, Percocet®, Supeudol®
Codeine	Tylenol # 3®*
Tramadol	Tramacet®, Ultram®

*Some opioids have Acetaminophen (Tylenol) in them. Do not take Acetaminophen (Tylenol) with Oxycocet, Percocet, Tylenol #3 or Tramacet.

After taking a short-acting opioid, you should feel pain relief in:

- 60 minutes if taken by mouth.
- 30 minutes if injected under the skin.
- 10 minutes if injected into a vein (intravenous (IV)).

We highly recommend only taking opioids at the lowest dose and for the shortest amount of time needed to control your pain.

Tolerance (i.e., your body gets used to the opioid and the medicine does not work as well as it did before) can happen if opioids are taken on a regular basis for several weeks or more.

Can I get addicted to opioids?

There is a small chance that you can get addicted to opioid pain medicines.

If you are worried you have become addicted to your medicine, the best way to get help is to speak with your doctor or health-care provider. You will not be judged. There are multiple ways to help patients that have become addicted to pain medicines. Helpful resources can be found at the end of this document.

Local anesthetics

Local anesthetics are like the “freezing” or “numbing” injections you get at the dentist. This medicine is given by needle and stops nerves from sending pain messages to your brain. They cause short term numbness to an area of your body. This numbness will go away.

Pain medicine side effects

Usually, side effects can be controlled or get better over time. Tell your health-care provider if you experience any of the following

- Feeling sick (nausea) and throwing up (vomiting).
 - ✓ Anti-nausea medicine can help with this.
 - ✓ Flat ginger ale or dry crackers may also help.

- Constipation
 - ✓ To prevent this, drink lots of water, eat raw fruits and vegetables and go for walks.
 - ✓ You may also need to take a laxative medicine to help you have a bowel movement.
- Feeling itchy
- Feeling sleepy
- Mental clouding (hard to think clearly)
- Feeling like you cannot relax or stop moving (restlessness)
- Dry mouth
- Muscle jerks
- Feeling dizzy
- Slowed breathing

How the Acute Pain Service can help you manage your pain

Acute Pain Service

The Acute Pain Service (APS) team at The Ottawa Hospital may get involved to help with managing your pain after surgery. The APS is a team of anesthesiologists and nurses who have special training to help patients with their surgical pain. If you receive any of the following pain management methods, the APS team will see you every day:

- Intravenous patient-controlled analgesia (IV PCA) pump
- Epidural analgesia
- Nerve block

Intravenous Patient Controlled Analgesia (PCA) pump



How does it work?

Intravenous patient-controlled analgesia (IV PCA) lets you give the pain medicine (an opioid) to yourself.

The pump delivers pain medicine through your intravenous (IV) when you push the button on the handset. You will hear a "beep" when you press the button. This means you are receiving pain medicine. The medicine takes 5 to 10 minutes to work. The button flashes green when a medicine dose is available (usually every 6 minutes).

When should I press the button?

- ✓ When your pain starts to become uncomfortable. Do not wait until the pain is really bad.
- ✓ Before you do something that brings on the pain. For example, take it before physiotherapy.
- ✓ Before breathing and coughing exercises.
- ✓ Before you start to move or turn.

Can I give myself too much pain medicine?

There are two functions on the PCA pump that help keep you safe:

- A **safety timer** called a lockout. If you press the button during the lockout time, you will not receive any more medicine and you will not hear a beep.
- An **hourly** limit to how much pain medicine you can receive. The PCA pump tracks how much medicine you are getting. It will not give you any medicine over the limit that your doctor sets.

What are the side effects?

You may feel some side effects from the opioid medicine. They are often mild and easy to treat. Tell your health-care provider if you feel any of these:

- Nausea (wanting to throw up)
- Vomiting (throw up)
- Sleepy
- Finding it hard to think clearly
- Slowed breathing
- Itching
- Lightheaded or dizzy
- Unusual thoughts, hallucinations
- Dry moouth

How long will I have PCA?

- This depends on the type of surgery that you had, how much pain medicine you need from the PCA, how comfortable you are with activity, whether you can swallow pain pills by mouth, and when you will be going home. You may have a PCA for one to five days or more.
- As soon as possible, the APS team will switch you to the same pain medicine (opioid) in tablet form.

Things to remember about the PCA:

- ✗ **Do not** let your family or friends press the button for you. It is important that only you press the button when you need it.
- ✗ **Do not** wait until the pain is really bad before pressing the button to get your pain medicine.
- ✗ **Do not** press the button if you feel sleepy or have nausea (feel like throwing up).
- ✗ **Do not** press the button to help you fall asleep.
- ✗ **Do not** press the button for gas pain or constipation related pain.

Epidural analgesia

How does it work?

- Before your surgery, the anesthesiologist will place a small plastic tube into your back using a needle. Once the tube is in place, the needle will be removed. Medicine is given through the tube to relieve your pain.
- Local anesthetics ('numbing' or 'freezing' medicines) and opioids are used in epidurals.
- If you are given local anesthetics in your epidural, you will be asked how well you can feel using a cold item like ice.

What are the side effects?

You may feel some side effects from the medicine. These are often mild and easy to treat.

- Numbness around where you had your surgery
- Weakness or heaviness in your legs
- Nausea or vomiting
- Sleepiness
- Slowed breathing
- Itching
- Trouble emptying your bladder
 - Often patients have a small tube inserted to empty urine from their bladder after surgery.
- Mild drop in blood pressure
 - If your blood pressure drops you may feel nauseous or dizzy.
 - Giving you fluids through the intravenous (IV) can treat this.

How long will I have the epidural?

- This depends on the type of surgery you had, how comfortable you are with activity, whether you can swallow pain pills by mouth and when you will be going home.
- When it is time, the amount of pain medicine going through the epidural will be slowly decreased and eventually stopped. Your APS team will switch you to a stronger pain medicine (opioid) swallowed by mouth if needed.
- Usually, the epidural is taken out after 2 to 4 days.

You will also be given Tylenol® and an NSAID on a regular basis unless it is unsafe for you. These should continue after the epidural is out.

Ask your nurse to give you the opioid pill when pain becomes stronger. Do not wait until your pain is really bad as it will be much harder to get the pain under control.

Nerve blocks

How do they work?

- Your doctor injects local anesthetic ('numbing' or 'freezing' medicine) around the nerves. The goal is to numb the area where the surgery or pain is happening.
- Nerve blocks help to control your pain for a couple of hours to a couple of days.

Benefits:

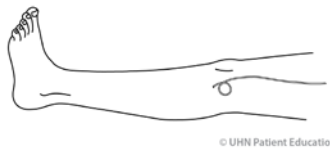
- ✓ Good pain control
- ✓ Less need for strong pain medicines like opioids
- ✓ Fewer side effects

There are two ways that your doctor can inject this medicine:

- A one-time needle: This method can relieve your pain for 12 to 24 hours.



- A continuous nerve block: The anesthesiology doctor places a small plastic tube near the nerves of the affected area. This tube delivers the numbing medicine. The tube usually stays in for 2 to 5 days.



Before your surgery, the anesthesiologist will talk to you about the type of nerve block that is available to you. They will tell you about the procedure, risks and benefits.

How will the nerve block affect my body?

The part of the body where the nerves are blocked will feel numb. You may not have full control of the numb part. Support and protect your numb part to help prevent injury:

- ✗ **Do not** put extra pressure on the numb part.
- ✗ **Do not** drive a car while you have a numb arm, leg, or foot.
- ✗ **Do not** handle anything hot or cold or carry anything if you have a numb arm.
- ✓ Use a sling if you have a nerve block in your arm. Make sure it is not too tight or too loose.
- ✓ Use a walker or crutches if you have a nerve block in your leg as your leg will be weak (not able to support your weight).
- ✗ **Do not** put weight on the leg where you have your nerve block. There is a risk that you may fall and hurt yourself or others. This can also affect your healing after surgery. Make sure that another person is able to help you to move. For example, they can help you walk or go to the bathroom.

What are the side effects of a nerve block?

Some side effects that you may get are:

- Ringing in your ears
- Feeling sleepy
- Muscle twitching
- Numbness around your lips
- Feeling lightheaded or dizzy
- A metallic taste in your mouth
- Slurred speech

There is a **very small risk** of:

- Bruising, bleeding, or infection where the medicine was given.
- An allergic reaction to the local numbing medicine that was given.
- Nerve irritation or damage. If nerve irritation occurs, it usually feels like a patch of numbness or “pins and needles” in the area. This usually goes away in one to four weeks after surgery.

How long will I have the nerve block?

- This depends on the type of block that you were given (single shot or continuous) and the type of local numbing medicine that was used.
- Your anesthesiologist will tell you when the block is expected to slowly go away.
- As the nerve block goes away, you may begin to feel a temporary “pins and needles” feeling. This means that you should start taking pain medicine that is swallowed by mouth.

Ways to manage your pain without medication

You can also use non-medicine methods along with medication to help relieve pain. Some of these include:

Non-medicine ways to manage your pain	Important notes/ What you can do
Meditation and relaxation: This can increase your comfort by calming your mind and muscles.	<ol style="list-style-type: none"> 1. Get into a comfortable position. Breathe in slowly. 2. Breathe out slowly and feel yourself begin to relax. Feel the tension leave your body. 3. Breathe in and out slowly and regularly, at whatever rate is comfortable for you.
Distraction: Focusing your attention on something other than the pain can make you less aware of the pain. Distraction may work well while you are waiting for your pain medicine to start working.	<ul style="list-style-type: none"> ✓ Concentrate on your breathing. ✓ Close your eyes and focus on an object or go to a quiet place. ✓ Watch TV, read a book or listen to music.
Heat: Can relax your muscles and reduce the pain that you feel.	<ul style="list-style-type: none"> ✗ In the first few days after surgery, heat can increase pain and swelling. ✗ Avoid heat if there is bleeding, or if you have less feeling than usual in the area (to avoid burning yourself).
Cold: Can help to reduce swelling, relax muscles, and reduce the pain that you feel. This may make pain more bearable.	<ul style="list-style-type: none"> ✓ Apply cold packs for 15 to 20 minutes at a time. ✗ Avoid cold on any area with poor circulation (blue/purple/white or ashy colour) or if you have less feeling than usual in the area.
Massage: Can reduce pain by helping you to relax. It can also improve your blood circulation	Using your hands or with the help of a friend/ family member, apply gentle pressure for a few moments to the muscles that are sore. This can be done as needed throughout the day.
Prayer: Prayer can reduce pain by creating a sense of calm and reducing stress.	Let your health-care team know if you would like to have someone with training in the spiritual aspect of pain visit you.

You may also consider:

- ✓ Physical techniques such as acupuncture, transcutaneous electrical nerve stimulation (TENS), positioning, movement, or splinting (a way of supporting your arm or leg)
- ✓ Herbal medicine
- ✓ Psychology or counseling

Pain is best managed when patients, care partners, and health-care professionals work together.

Going home

Be sure you understand what pain medicines you will be taking when you are at home.

- ✓ Understand the plan to stop different pain medicines as you recover, and your pain improves.
- ✓ Remember that Tylenol and an NSAID should be started as the first pain medicine and should be stopped last in managing pain unless there is a reason you should not take these medicines.
- ✓ Take your stronger pain medicine (opioid) when the pain gets worse. Do not wait until the pain gets out of control. The worse your pain gets, the harder it becomes to control it.
- ✓ Use pain medicine only as ordered by your doctor. Do not mix prescription medicine with street drugs or alcohol to get more pain relief. Do not borrow or lend medicine.
- ✓ If your pain is not being controlled by your pain medicine or by using non-medicine methods, call your family doctor or your surgical team. If your pain is severe and you cannot see a doctor, go to the emergency room.
- ✓ If you have side effects that do not go away, call your family doctor or your surgical team.

Pain resources for patients and caregivers

- [Solving Pain: Ontario-based resource for managing pain after surgery](https://www.solvingpain.ca/patient-resources) [https://www.solvingpain.ca/patient-resources]
- Managing pain after surgery ([medications](https://michigan-open.org/resource/managing-pain-after-surgery-adults/) [https://michigan-open.org/resource/managing-pain-after-surgery-adults/]) and [non-medications](https://michigan-open.org/resource/non-medication-pain-management/) [https://michigan-open.org/resource/non-medication-pain-management/])
- [Safe opioid storage and disposal practices](https://michigan-open.org/resource/safe-storage-disposal-of-opioids/) [https://michigan-open.org/resource/safe-storage-disposal-of-opioids/]
- [Mindfulness for pain](https://mindfulness-for-pain.mindful.org/) [https://mindfulness-for-pain.mindful.org/]
- [Mental health and addiction treatment services](https://www.connexontario.ca/en-ca/) [https://www.connexontario.ca/en-ca/]
- [Substance use and harm reduction resources](https://ottawa.cmha.ca/about-cmha/for-clients/substance-use-and-harm-reduction-resources/) [https://ottawa.cmha.ca/about-cmha/for-clients/substance-use-and-harm-reduction-resources/]
- [Power Over Pain Portal](http://www.poweroverpain.ca) [www.poweroverpain.ca]

My notes and questions:

Where do I go if I have questions or need help: Ask your doctor, nurse, or other healthcare team member about any questions that you might have.

Do you have any feedback about this education resource? Is it welcoming and respectful of your background, culture, and identity? Your opinion is important to us. Please fill out this [survey](#) or contact the Patient Education team at patienteducation@toh.ca.

Do you need this information in a different format? Please tell a member of your health care team. This resource is available in English and French.

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