

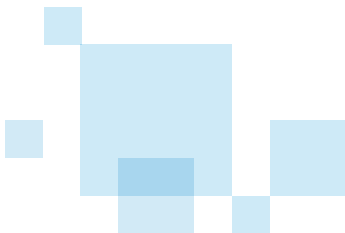


# Pre-operative pain education for patients and families



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## Patient information

Pain is a concern for all patients that come to health care facilities for procedures. Pain is a personal experience and is different for everyone. At Westmead Private we use many different modalities to manage pain after your surgery.

We believe that patient education pre-procedure is the best place to start, when it comes to managing acute pain, this enables you to have input on the way your pain is managed that best suits your needs.

## Before your operation

If you have been given an appointment to see the pre-admission clinic you will meet the pre-admission nurse, doctor and physiotherapist to discuss your medical history and to do some tests to prepare for your surgery. During this time, they will discuss pain relief options for after your surgery; this is also an opportunity for you to ask any questions you may have.

## The day of your operation

Once you arrive at the hospital you will be escorted to the admission centre where a nurse will welcome you, check your vital signs, and ask any relevant information needed, this will ensure that you receive personalised care based on your medical needs.

## Pain management after your procedure

Westmead Private Hospital follows evidence based pain management guidelines to ensure that all our patients receive a high quality holistic care to maximise patient comfort during the recovery period. During your hospital admission nursing staff will ask you questions related to your pain.

Questions related to pain that will be asked will include: Rate your pain on a scale of 0-10 with 10 being the worst pain and 0 being nothing. We assess your pain scores both at rest and when you move, this information allows us to ensure that your pain is managed effectively so you can participate in physiotherapy and recovery after your surgery.

The pain relief you will receive depends on the pain scores you report. For the treatment of **mild - moderate pain**

0-4/ 10	5-7/10	8-10/10
Mild pain	Moderate pain	Severe Pain
Simple analgesia like Paracetamol, Non-steroidal anti-inflammatory	Simple analgesia like Paracetamol, Non-steroidal anti-inflammatory, Plus a weak opioid, Endone, Tramadol	Simple analgesia Paracetamol, NSAID's. A weak opioid, Endone, Tramadol Patient controlled analgesia, Epidurals, Slow release opioids.
Non-pharmacological interventions Heat packs, ice packs, massage therapy, physiotherapy, distraction techniques	Non-pharmacological interventions Heat packs, ice packs, massage therapy, physiotherapy, distraction techniques	Non-pharmacological interventions Heat packs, ice packs, massage therapy, physiotherapy, distraction techniques

A combination of simple pain relief (known as analgesia) with the addition of a weak opioid is commonly used.

**Simple analgesia** is a class of medications that are considered to be gentle on the system and include commonly used drugs such as:

Paracetamol



Ibuprofen



Voltaren



It is important even if you don't feel pain to continue to take these medications regularly. When taken in combination with other pain relief medication these simple analgesics enhance the effect of the other medications.

**Immediate release opioids** are drugs that belong to the drug group known as opioids, These medications provide pain relief by binding to specific receptors to diminish the pain signal. Some examples of immediate release opioids used at Westmead Private Include;

Oxycodone (Endone)



Tapentadol (Palexia)



Tramadol



For **severe pain** the treatment includes slow release opioids in combination with invasive pain control.

**Slow release** opioids are a class of medications that are designed to release slowly over a time frame of 12 hours; they work in the background of the other pain relief medications you will receive.

At Westmead Private we commonly use;

Oxycodone (OxyContin SR)



Targin (oxycodone/naloxone to help prevent constipation)



Tapentadol (Palexia SR)



**Patient controlled analgesia (PCA)** is a device that is controlled by the patient. When pain is experienced the patient (ONLY) can press the button (picture below) and they will be delivered a safe amount of pain relief. At Westmead Private we mainly use fentanyl or morphine, these two drugs are strong opioids used to treat severe pain. Some potential side effects are nausea, vomiting, constipation, and drowsiness. While you have this machine the nursing staff will need to check your blood pressure, heart rate, oxygen, and pain scores every 2 hours and you will need to wear oxygen, this is due to the potential side effect of drowsiness. Assessment ensures adequate safe pain management.

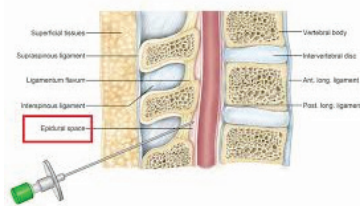


**Epidural** is a way to continuously deliver local anaesthetic into the epidural space. Your Anaesthetist will place an epidural catheter in a certain point in your back; depending on the area to be operated will depend on the level to which the epidural catheter is placed.

The epidural catheter is held in place with dressings and is covered, you will notice a yellow filter taped to the front of your shoulder this is not the insertion point, and the filter prevents microorganisms entering the epidural space.



(Filter)



(Epidural Space)



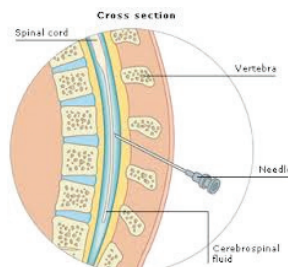
(Epidural Dressing)

The pain relief you receive via the epidural will be delivered by an epidural pump, your anaesthetist will determine the rate at which they want your epidural to run.



(Epidural Pump)

**Spinal anaesthetic** for some procedures your doctor/ anaesthetist may want to give you a spinal anaesthetic. This is where the dr will administer morphine/ or fentanyl into your spine, depending on your procedure will depend on the area the pain relief will be injected. You will notice your legs start to feel heavy then numb. 9/10 to most patients experience itch after a spinal anaesthetic, this is due to the way the medicine interacts with the nerve endings, you will notice as the day progresses the itch will decrease. If you need something to relieve the itch you can ask the nursing staff and they can give you naloxone to help manage the itch. The spinal anaesthetic will provide pain relief for 12-18hrs.



## Potential side effects

As with all medication there are some potential side effects that you may experience, common side effects include:

- Nausea and vomiting
- Constipation
- Decrease in your blood pressure
- Drowsiness
- Itch (after spinal morphine and after 2-3 days of Fentanyl PCA)
- Dizziness/ light-headedness
- Rash
- Reflux

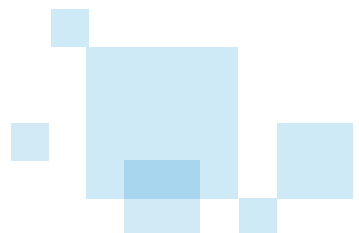
## Non-pharmacological interventions

There are other ways to manage pain other than medication. Some other techniques include;

- Hot and Cold packs
- Physiotherapy
- Massage Therapy (by family/physiotherapy)
- Distraction techniques

## Thank you

During your stay if you have any pain issues ask your nurse to contact the APS Nurse Ext 976





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