

The Pain Service

This hospital has a team of doctors and nurses who specialise in the management of pain relief. They are available to give advice on your pain control after an operation. Please contact the **Pain Management Service** or telephone **020 8725 1255**, and ask for bleep number **6477** or **6159** (Monday to Friday 08.00 to 17.00 hours).

Methods of Pain Relief

An information leaflet for patients and relatives

Department of Anaesthesia



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This information is about the different methods of pain relief which you may be offered during your stay in hospital.

You must never feel embarrassed to admit that you are in pain. Pain is a warning sign. It tells us that something is wrong and makes us visit the doctor. Pain after surgery is normal but if left untreated it may delay your progress. For example being able to cough and move in comfort is one of the keys to a successful recovery.

Oral medications

If you are able to drink you will be given painkillers by mouth, it will be discussed with you what is recommended. It is important to tell the nurses/doctors if you have any drug allergies.

Suppositories

These small capsule painkillers are inserted into your bottom and are very effective. This is a useful option when you are unable to drink. You may be able to administer these yourself if you prefer.

Injections

A nurse will inject the painkiller into your arm, thigh or bottom. It will take about 20 minutes to work and may make you feel drowsy. Some people experience a feeling of sickness so please do tell the nurse if you do, as another drug can be given to stop this.

Epidural analgesia

This involves the insertion of a very fine tube (catheter) into your back, through which painkillers can be administered. This may be done before your operation, or once you are asleep.

The epidural may make your legs feel numb, but this can be quite normal. Occasionally you may have difficulty passing urine, but if this occurs we can help you.

The epidural catheter will normally be kept in for a few days, depending on the type of operation you have had. The nurse will regularly ask you about your pain, and will adjust your painkiller accordingly.

Please see the separate information leaflet 'Epidural Analgesia after an operation' for further details of this type of pain relief and the possible side effects.

Patient Controlled Analgesia (PCA)

This type of pain relief allows you to have control over when, and how much painkiller you receive.

You will have a machine with a strong painkiller inside, by your bed. It is connected to your drip by a tube.

By pressing a button you will receive a small amount of painkiller into your bloodstream PCA may not always be appropriate for your individual case. Please see the separate information

leaflet "Patient Controlled Analgesia" for details about this type of pain relief and the possible side effects.

Local anaesthetic nerve blocks

During your operation, while you are asleep, you may have an injection to numb a specific area. Sometimes a fine tube may be left in to give longer-term pain relief with further numbing drugs.

Alternative methods

In some cases it may be appropriate to use a **T.E.N.S** (Transcutaneous Electrical Nerve Stimulation) machine. This is a safe method of applying a small electrical current to relieve pain in a particular area. **Other alternative methods** of pain relief may be suitable, please ask.

Entonox

This gas is half nitrous oxide, and half oxygen, and you breathe it through a mask or mouthpiece.

It is used for short painful procedures, as it works quickly to relieve pain, and then wears off quickly too.

You can control the amount you use. It may make you feel a little lightheaded or sick.

It is not usually harmful, but should only be used for a short time.

Remember – tell a nurse if you have pain so that we can do something about it.