



PATIENT
EDUCATION

Postoperative Pain

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AMERICAN UNIVERSITY of BEIRUT MEDICAL CENTER

المركز الطبي في الجامعة الأميركية في بيروت

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Am I going to feel pain after my operation?

Pain is usually expected after most operations. It is a subjective feeling. Only you can feel your pain, its location, its intensity, and your need for pain killers. It is your right to be pain free after your operation. Pain should be treated well so that you have a good recovery. Adequate pain control will allow you to do the activities after your operation better (such as walking and deep breathing exercises).

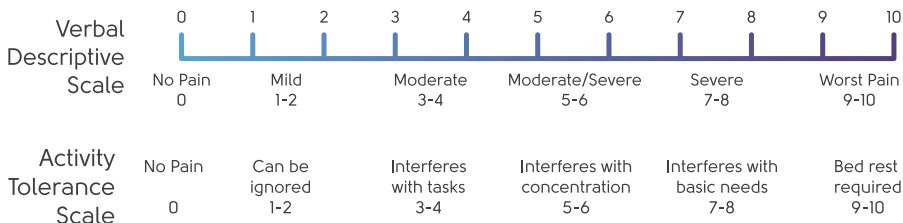
What can I do to control my pain?

Do not ignore your pain. You should **report** your pain whenever you feel it. Do not wait to be asked about your pain; no one can feel your pain but you. Pain would not generally go away if left untreated.

Describe your pain to get the right treatment:

- Where does it hurt? (**location**)
- How does it feel? (**character: sharp, throbbing, aching, cramping, burning, etc.**)
- How strong is my pain? (**intensity**)
- How often do I feel this pain? (**frequency**)
- How long have I been in pain? (**duration**)

To describe your pain intensity, identify your pain score. You can use a scale from 0 to 10, where **0 is no pain, and 10 is the worst pain ever.**



*** If your pain was not relieved after your pain killer (30 minutes or more), report it. You do not have to wait hours to receive another pain killer.**

What are the possible ways to control my pain?

There are many ways to treat your pain. One or more ways can be used to keep the period after your operation as pain free as possible. The choice of your treatment depends on your operation, health condition, age, allergies, pain tolerance, and personal preference, and it will be decided by your surgeon.

Indication	Pain Killer	Route	Most Common Possible Side Effects
Mild	Acetaminophen/ Paracetamol (Panadol, Perfalgan)	<ul style="list-style-type: none"> • Oral • Suppositories • Intravenous (into a vein) 	<ul style="list-style-type: none"> • Nausea, Vomiting
	Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Ketoprofen (Profenid) Ibuprofen (Advil) Celecoxib (Celebrex) Etoricoxib (Arcoxia) Indomethacin (Indocid) Meloxicam (Mobic) Etc.	<ul style="list-style-type: none"> • Oral • Suppositories • Intravenous • Intramuscular (into a muscle) 	<ul style="list-style-type: none"> • Stomach pain • Heartburn • Nausea, Vomiting • Headache • Diarrhea • Constipation
Moderate	Acetaminophen plus Codeine plus Caffeine (Solpadeine)	<ul style="list-style-type: none"> • Oral 	<ul style="list-style-type: none"> • Sleepiness • Dizziness • Constipation • Nausea, Vomiting • Stomach pain
	Acetaminophen plus Codeine	<ul style="list-style-type: none"> • Oral 	<ul style="list-style-type: none"> • Sleepiness • Dizziness • Constipation • Nausea, Vomiting

Indication	Pain Killer	Route	Most Common Possible Side Effects
Moderate	Tramadol (Tramal)	<ul style="list-style-type: none"> • Oral • Intravenous • Intramuscular 	<ul style="list-style-type: none"> • Nausea, Vomiting • Sleepiness • Dizziness • Constipation
	Tramadol plus Paracetamol (Zaldiar)	<ul style="list-style-type: none"> • Oral 	<ul style="list-style-type: none"> • Nausea, Vomiting • Sleepiness • Dizziness • Constipation
Severe	Morphine	<ul style="list-style-type: none"> • Subcutaneous (under the skin) • Intravenous 	<ul style="list-style-type: none"> • Sleepiness • Dizziness • Nausea, Vomiting • Constipation • Decreased activity of the abdomen
	Meperidine (Demerol)	<ul style="list-style-type: none"> • Intramuscular 	<ul style="list-style-type: none"> • Sleepiness • Dizziness • Hypotension (drop in blood pressure) • Nausea, Vomiting • Constipation • Decreased activity of the abdomen

* You might find the same medication under another name.
Please check with your doctor if it is the right medication for you.

Will I get addicted to pain killers?

Taking pain killers to control your pain after your operation will not lead to addiction. In very rare cases, you might develop **tolerance** to a medication. Tolerance is when your body gets used to a certain dose of the medication and needs a higher dose to get the same effect. Addiction is a disorder of getting physically and/or psychologically dependent on the medication.

Are there other ways to control my pain?

The **acute pain service team** at the hospital might be called by your doctor for an official consultation. The consultation depends on the type of your operation and the severity of your pain after the operation. The **acute pain service team** might give you one of the new ways in pain control:

Patient-Controlled Analgesia (PCA): PCA pump, an electronic machine, delivers the pain killer into your intravenous line. The type and the concentration of the pain killer are set by the acute pain service team, but usually morphine is the drug of choice. You are given a **button** to control the pump. **You** can press on the button whenever you are in pain, and you will receive a specific dose of the pain killer. The PCA pump is programmed to limit the number of doses you can receive in a certain period of time to prevent an overdose. Possible side effects of PCA include: nausea, vomiting, constipation, itching, hypotension, difficulty passing urine, confusion, sleepiness, and slow breathing (in very rare cases).

Epidural Analgesia: A small catheter (tube) is inserted in the epidural space in your **back** before or after your operation. The pain killer will be given continuously in the catheter through an electronic machine. Possible side effects of epidural analgesia include: nausea, vomiting, numbness and weakness of the lower extremities, hypotension, shivering, itching, difficulty passing urine, and slow breathing (in very rare cases).

Nerve Block: Nerve block is used to control pain by numbing the painful area. The pain killer which consists of a local anesthetic might be injected **before or during** your operation. The local anesthetic might also be given continuously through a catheter inserted into the nerve reaching the **painful area**. Possible side effects of nerve block include: numbness of the area, bitter taste (metallic taste), tingling sensation in lips, and ringing in ears.



STOP
START

ENTER

PRIME
BOLUS

REPORTS

VIEW
SILENCE

↑
YES

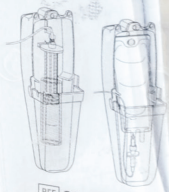
OPTIONS

BACK

↓
NO

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Are there ways to help me control my pain in addition to the pain killers?

You can use other techniques to control your pain, such as applying cold or hot pads (after the approval of the surgeon), using distraction techniques to take your mind off the pain (such as listening to music, reading a book, watching TV, etc.), massaging other areas in your body, or any other way that you find helpful to control your pain.

What should I do to control my pain at home?

- Take your pain killers as prescribed by your doctor.
- Plan your pain killers according to the intensity of your pain. Take the mild pain killer for your mild pain and the stronger pain killer for your moderate or severe pain.
- Schedule your pain killers around the clock to be as pain free as possible.
- Do **not** take an extra dose of the pain killer if your pain was not relieved. An extra dose will not improve your pain control, but it might hurt your body.
- If your pain was not controlled on your prescribed pain killers, contact your doctor.
- Do **not** take additional pain killers without asking your doctor. You might take two medications with the same component.
- Stop or limit your alcohol intake to prevent damage to your liver.
- Do **not** drive a car, or go out of your house alone, if you are taking a medication that causes sleepiness or dizziness.

The acute pain service team is available for consultations on pager 1647. Ask your surgeon for referral.

This educational material provides general information only. It does not constitute medical advice. Consult your health care provider to determine whether the information applies to you.

