Outstanding Care,
Compassionate People,
Healthier Communities

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

INFORMATION FOR PATIENTS

Pain management following your operation

Following your operation, we want you to be as comfortable as possible. While we cannot guarantee you will be absolutely pain free, painkillers taken regularly will help to reduce the amount of pain you experience. This leaflet will explain the different types of pain relief used in this hospital.

Before your operation the anaesthetist will tell you what form of pain relief he/she feels is best for you. It is your decision which form of pain relief you take. The information in this leaflet will help you make this decision.

If you have any questions, please ask the anaesthetist, a member of the Pain Team or any other healthcare professional.

Please note that it is important that you tell a member of the healthcare team if you are already taking any form of painkillers.

Why do I need pain relief?
Most operations cause some degree of pain. It is well proven that having good pain control will enable you to recover quicker with fewer complications. It is important therefore that you do not try to be brave and put up with the pain as this could do more harm than good. Always ask the nursing staff for pain relief.

Simple pain relief for mild pain
After every operation you will be given simple painkillers. The safest and most effective form of simple pain relief is paracetamol. This is given as a tablet to swallow or dissolved in water. It can also be given via a drip. Other simple painkillers are commonly known as non-steroidal anti-inflammatory drugs (also known as non-steroidal or NSAIDs). Examples of NSAIDs are ibuprofen and naproxen.

Pain relief for moderate pain
If your doctor expects that your pain will be more severe, you may also be prescribed painkillers called weak opioids in addition to the simple painkillers. These have a similar effect to morphine, although are much milder. Examples of opioids include tramadol, codeine and dihydrocodeine.

How to take your painkillers
All painkillers are best taken in combination. If you take a combination of painkillers, rather than a lot of the same one, you will have much better pain relief.

If for any reason you cannot take any of these painkillers, it is important you tell the nurses and the anaesthetist before your surgery.

What are the main side effects of simple painkillers?

- All the simple pain killers are very safe when taken in the prescribed doses and for short periods of time (a few days up to a week).
- Paracetamol is very safe (keeping to the maximum daily dose) and can be bought over the counter from any pharmacy.
- NSAIDs can sometimes cause indigestion. If this happens, you should take them with food or stop them altogether, especially if your indigestion does not get better.
- Occasionally, NSAIDs can cause stomach ulcers. If you experience any bleeding, stop the NSAID immediately and contact your GP or hospital for further advice.
- NSAIDs can make asthma worse. This is only for a small number of people who have asthma.
- There is a very small increase in having a stroke and heart attack when taking NSAIDs over a long period of time.
- Simple opioids may make you feel sick, lightheaded, and itchy. They may also cause of constipation, which can be prevented by taking senna or lactulose.

Stronger pain relief

Stronger forms of pain relief include morphine, fentanyl and oxycodone. These medicines are used specifically for the treatment of severe pain and can be taken by mouth, injection or by a drip.

What are the side effects of the stronger painkillers?

These have the same side effects as the weak opioids, but they can be more severe. They may cause you to become lightheaded and muddled. On rare occasions strong opioids can cause hallucinations. Large amounts of opioids can slow your breathing. This is easily treated, and you will be closely monitored while you are in hospital.

Patient controlled analgesia

Another way to have strong opioids (morphine/fentanyl/ oxycodone) is using a pump, which is connected to your drip. You can then control the amount of morphine given by pressing a button. This is called patient-controlled analgesia (PCA). It is very safe and allows you to control the pain relief you receive.

When you push the button a small, measured amount of the opioid will be delivered. The pump is programmed so it will only deliver a dose of opioid every five minutes. This is to stop you giving yourself too much. **Only you** should push the button because only you will know when and how much pain you have and the effect the opioid is having on you. A registered nurse will show you how to operate the pump when it is in place. Other strong/weak opioids may be given alongside a PCA to optimise your pain relief.

Other ways of giving strong opioids

These can also be given by injection, usually under the skin. They can also be taken by mouth both as a liquid medicine or tablet.

Bowel surgery

If you are having surgery on your bowel, it may be that the anaesthetist and surgeon may not want you to have large amount of opioids.

This is because they slow your bowel down and this will slow your recovery from surgery. Do not worry as the doctors will be able to give you other forms of pain relief, such as an epidural (see below).

Epidural pain relief

Depending on the type of operation you are having, your anaesthetist and surgeon may want you to have an epidural.

Epidural pain relief involves having a small catheter (tube) inserted into the epidural space.

The epidural space is a fatty space that surrounds the spinal cord and extends from the back of the head down to the bottom of the spine. The epidural can be inserted at any level depending on the area that the surgeon will be operating on. As the epidural space contains all the nerves that cause pain, they can be numbed using local anaesthetic given through the epidural catheter. This local anaesthetic, usually mixed with fentanyl (a strong opioid) is given using a pump.

Although this is a continuous infusion, an additional dose can be given by using a button similar to the one on an opioid PCA. Again, this is regulated and will only allow a certain amount of additional doses per hour.

Epidurals are one of the most effective forms of pain relief, although they are not suitable for all people or all operations. The healthcare team will be able to explain this to you more fully if an epidural is needed.

Common side effects of epidural pain relief:

- **Numbness**
  You may get some numbness or heaviness in your legs and around the area of your wound. This is quite normal and is because the medicines numb the sensory nerves, which are responsible for pain and touch.
- **Weakness**
  The nerves, which are responsible for moving your muscles, may also be affected. This means that you may be unable to move your legs. This wears off once the epidural is stopped.
- **Low blood pressure**
  Epidurals may lower your blood pressure, but this is easily corrected.
- **Headache**
  If you experience a severe headache you should tell a member of staff straight away.
- **Respiratory problems**
  On occasion the local anaesthetic can affect nerves higher than intended. This may cause you to feel breathless, however, this is easily treated. The height of your numbness will be checked at regular intervals as routine. Your breathing rate will also be counted during these observations due to the above and the strong opioid used.

Rare complications with epidural pain relief:

- **Infection**
  With any procedure there is a risk of infection. The chance of this happening after an epidural is one in 3000.
- **Nerve injury**
  A nerve injury happens very rarely and usually all recover after a short period of time.

Nerve injury is just as likely to occur with a general anaesthetic.

- **Paralysis**
  This can be caused by infection, bleeding near the spinal cord, and injury to the spinal cord. This is exceedingly rare and very unlikely.

Summary

It is common for people to have pain after an operation, but there is no need to be in a lot of pain. If you have good pain relief it will help you to recover more quickly as you will be able to get up and about. This will reduce the likelihood of you getting complications following surgery.

Do not try to put up with pain. Pain relief is very safe and effective. While everything is done to try to prevent them, complications can happen. You need to know about these to help you make a choice about the type of pain relief you would like after your operation. Please use this leaflet to help you.

Contact details

If you have any further questions, please call the Pain Management Office on 01623 622515, extension 4153, and ask to speak to one of the nursing staff.

Further sources of information

NHS Choices: www.nhs.uk/conditions
Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service:
King's Mill Hospital: 01623 672222
Newark Hospital: 01636 685692
Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.
If you require a full list of references for this leaflet (if relevant) please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

To be completed by the Communications office
Leaflet code: PIL202611-07-PMFO
Created: November 2015 / Revised: November 2026 /
Review Date: November 2028