

THINGS TO REMEMBER

YOU CAN GET BETTER PAIN CONTROL BY DOING THE FOLLOWING:

- Ask the doctors and nurses what to expect. Will there be much pain? Where will it occur? How many days is it likely to last?
- Discuss your past pain control experiences with your doctors and nurses that have either worked well or not so well for you.
- Discuss with your doctors and nurses any concerns you may have about pain medicine, including any allergies to medicines or prior substance abuse, and ask about side effects that may occur with treatments.
- Learn deep breathing and relaxation exercises.
- Use massage or hot or cold packs to help decrease the pain experience if ordered by your doctor. If you want to listen to music, bring your own walkman and tapes.
- Take the pain medicine that is ordered. You will not get addicted.
- Take pain medicine when pain first begins. The pain is better controlled if you do not wait to take pain medicine when it is worse.
- Take pain medicine before you do activity that you find makes the pain worse.
- Rate your pain by using the pain scale 0-10. Be honest: If the pain medication is not helping, let the doctors and nurses know. The dosage may need to be adjusted.
- Set a pain control rating scale such as having no pain that is worse than 3 or 4 on the pain scale.
- Stick with your pain control plan if it is working. Your doctors and nurses can change the pain treatment if your pain is not under control.
- You need to let the doctors and nurses know about your pain. The doctors and nurses want and need to know about your pain to help control it.

QUESTIONS AND CONCERNS FOR YOUR DOCTOR

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Reference: Post-Operative Patient Education Booklet
 U.S. Department of Health and Human Services
 Agency of Health Care Policy and Research, February 1994.

ABOUT PAIN

A GUIDE TO UNDERSTANDING PAIN MANAGEMENT

People used to think that severe pain was something they “just had to put up with,” but with current treatments that is no longer true. Pain can be controlled so you feel more comfortable. At Southside Regional Medical Center you can work with your nurses and doctors to prevent or relieve pain. When skin and internal tissue are irritated, damaged, or cut, nearby nerves send signals up the spinal cord to the brain. Fear and anxiety increase the signal, making pain seem worse. Ask questions so you know what to expect. This will help you be less afraid and more in control which will make pain easier to handle.

You are the key to getting the best pain relief because pain is personal. The amount or type of pain you feel may not be the same as others feel, even those who have had the same procedure, surgery, or medical condition. Current pain control measures can make your recovery more comfortable. You can take an active role by asking what to expect, talking with your doctor, and accepting available pain medications. Do not worry about getting “hooked” on pain medicine. Studies have shown that the short-term use of pain medication is not addictive unless you already have a problem with drug abuse.

PAIN CONTROL CAN HELP YOU:

- Enjoy greater comfort while you heal.
- Get well faster. With less pain, you can start walking, do your breathing exercises, and get your strength back more quickly. You can even leave the hospital sooner.
- Improve your results. People whose pain is well controlled seem to do better. They may avoid some problems (such as pneumonia and blood clots) that affect others.

COMMUNICATING PAIN RELIEF

You will be asked to rate your pain on a number scale from 0 to 10. Zero stands for no pain up the scale to 10 which represents the worst possible pain imaginable. Be honest when rating your pain. If the pain medication is not helping let the nurse and doctor know. Ask your nurse to give your medication before the pain gets worse or a pain level above “4.” If your pain gets ahead of the medication, you may not have the best level of relief.



You Can Find Comfort

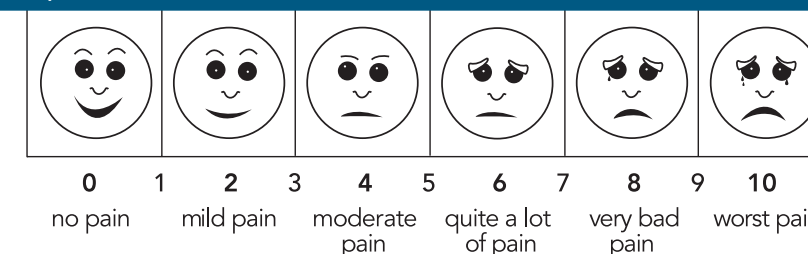


Both drug and non-drug treatments can be successful in helping to control your pain. You and your doctor will decide which ones are right for you. Many people combine two or more methods to get greater relief.



PAIN ASSESSMENT: Below is the pain scale being used at Southside Regional Medical Center.

What you feel is real and unique to you. Indicate your pain on a scale from 0 to 10.



COMMONLY ADMINISTERED PAIN RELIEVERS

NSAIDs are non-steroidal anti-inflammatory drugs. You may already use low dose NSAIDs at home (Aspirin, Motrin, Advil). When given in prescription strength, medications of this type can relieve mild to moderate pain. They reduce swelling and soreness. NSAIDs may be used alone or with narcotics. Side effects are usually limited to stomach upset, but bleeding may occur with prolonged use.

OPIOID (Morphine and Codeine) are most often used for severe pain. It is rare for a patient to become addicted to opioids due to short-term use. They may cause dry mouth, drowsiness, nausea, constipation, itching, or interfere with breathing or urination. Let your nurse or doctor know if you begin having any side effects so that they can treat them as soon as possible.

REGIONAL (LOCAL) ANESTHETICS (Bupivacaine) are local anesthetics temporarily used to block the pain signal at the affected area. These drugs can be used in several ways. The first way is to inject the local medicine into this area to numb everything for the procedure/surgery. The second way the local medication can be used is to mix it with a narcotic and the combination of these two drugs are used for pain control. Local anesthetics are effective for severe pain.

METHODS USED TO GIVE PAIN RELIEF MEDICINES

- **Tablet or liquid:** Medicines that may be given by mouth include Aspirin, Motrin, or Codeine. Tablets and liquids cause less discomfort than “shots.” They are inexpensive, simple to give, and easy to use at home. You cannot take pills if your doctor does not want you to eat or if you are nauseated or vomiting. There may be a delay in pain relief since you must ask the nurse to bring the medicine.

- **Injections into skin or muscle:** Injections (“Pain Shots”) relieve pain throughout your body. Injections can be given even if you are nauseated or vomiting. The injection site is usually painful for a short time. Pain relief may be delayed while you ask the nurse for medicine and wait for the shot to be given.

- **Injections into vein:** Pain medicines are injected into a vein through a small tube called an intravenous (IV) catheter. The tip of the tube stays in the vein. Pain medicine that is given in the IV acts quickly.

Your doctor could order a Patient Controlled Analgesia (PCA) pump. The PCA pump allows for a more constant level of pain relief than can be achieved when patients must request medication. PCA pumps are designed so that you cannot overdose on the pain medicine.

When you have pain, instead of ringing for the nurse to receive pain medication, push the button which activates the machine. A dose of pain medication ordered by your doctor will go into your IV line. Give yourself only enough medicine to take care of your pain, but do not ask the machine for a dose if you start to feel sleepy. Try to balance pain relief against sleepiness. If your pain medicine seems to stop working despite pushing the button several times, call the nurse to check your IV. If there is still a problem,

the nurse will call your doctor. Only you or your nurse can activate the machine. If anyone other than you pushes the button, the PCA machine will be immediately discontinued.

- **Epidural:** Medicine is given through a small tube in your back. This small tube is called an epidural catheter. This catheter is inserted into your back by an anesthesiologist (a doctor who puts you to sleep). The pain medication can be given in two ways. The first way is the anesthesiologist will inject the pain medicine into your catheter every 18 to 24 hours. The side effects you could experience are itching, difficulty urinating, and it could slow down your breathing.

The second way pain medicine can be given into the catheter is with a PCA pump. The PCA pump is connected to your epidural catheter and the pain medication runs continuously. This method works well with abdominal pain (stomach area) or on the lower parts of your body such as procedures or surgeries involving the hip, knee, or foot. The side effect of PCA epidural is that you could experience numbness (which will be temporary) or tingling of your legs. If numbness and tingling should occur, notify the nurse immediately so that the anesthesiologist can make adjustments in the dosage.

Reducing Pain With Medication

In addition to pain relievers, you may receive other medications to help make you comfortable:

Tranquilizers

(Ativan and Valium) help reduce anxiety so that pain medicine can work better.

Sedatives

(Ambien and Restoril) help you feel relaxed or sleepy. These medicines also help the pain medicine work better.

Antiemetics

(Vistaril and Phenergan) reduce nausea and vomiting, possible side effects of some pain medications. They may cause drowsiness in some people.

FOR YOUR SAFETY: Let your doctors and nurses know if you are allergic to any medicine.

TECHNIQUES TO HELP REDUCE YOUR ANXIETY

RELAXATION: Relaxation techniques such as abdominal breathing and jaw relaxation can help to increase your comfort.

IMAGERY, DISTRACTION, AND MUSIC: These techniques can help relax you so that the pain medication has a better effect. These techniques can be taught to you before the procedure/surgery. If you wish to listen to music, bring your own personal CD/cassette player and CD's/tapes.

PHYSICAL AGENTS: Cold packs, massage, TENS (Transcutaneous Electrical Nerve Stimulation), and rest are also methods that your doctor could order to reduce the pain you experience.

RELAXATION EXERCISES

DEEP BREATH. TENSE. EXHALE. RELAX. YAWN FOR A QUICK RELAXATION.

- 1) Clench your fist; breathe in deeply and hold it a moment.
- 2) Breathe out slowly and go limp as a rag doll.
- 3) Start yawning. Yawning becomes spontaneous. It is also contagious so others may begin yawning and relaxing too.

SLOW RHYTHMIC BREATHING FOR RELAXATION

- 1) Breathe in slowly and deeply.
- 2) As you breathe out slowly, feel yourself beginning to relax; feel the tension leaving your body.
- 3) Now breathe in and out slowly and regularly at whatever rate is comfortable for you. You may wish to try abdominal breathing. If you do not know how to do abdominal breathing, ask your nurse for help.
- 4) To help you focus on your breathing, breathe slowly and rhythmically: Breathe in as you say silently to yourself, “in, two, three.” Breathe out as you say silently to yourself, “out, two, three,” or each time you breathe out, say silently to yourself a word such as “peace” or “relax.”
- 5) You may imagine that you are doing this in a place you have found very calming and relaxing for you, such as lying in the sun at the beach.
- 6) Do steps 1 through 4 only once or repeat steps 3 through 4 for up to 20 minutes.
- 7) End with a slow deep breath. As you breathe out, say to yourself, “I feel alert and relaxed.”

Non-Drug Pain Relief Methods

These methods can be effective for mild to moderate pain and to increase the pain relief efforts of drugs. There are no side effects to these methods. These techniques are best learned before the procedure/surgery.

It is helpful to learn about the procedure/operation and the pain expected afterwards. By being aware of what to expect, your fears will be decreased, which ultimately reduces the amount of pain you will experience.

RELAXATION EXERCISE TIPS

These relaxation exercises do take practice so you may want to practice at home before coming into the hospital. You need to be in a comfortable sitting or lying position before starting these exercises.

JAW RELAXATION

- 1) Let your lower jaw drop slightly, as though you were starting a small yawn.
- 2) Keep your tongue still and resting on the bottom of your mouth.
- 3) Let your lips get soft.
- 4) Breathe slowly, evenly, and rhythmically: inhale, exhale, and rest.
- 5) Allow yourself to stop forming words with your lips and stop thinking in words.

PEACEFUL PAST

Something may have happened to you a while ago that brought you peace and comfort. You may be able to draw on that past experience to bring you peace or comfort now. Think about these questions:

- 1) Can you remember any situation, even when you were a child, when you felt calm, peaceful, secure, hopeful, and comfortable?
- 2) Have you ever daydreamed about something peaceful? What were you thinking of?
- 3) Do you get a dreamy feeling when you listen to music? Do you have any favorite music?
- 4) Do you have any favorite poetry that you find uplifting or reassuring?
- 5) Are you religiously active? Do you have favorite readings, hymns, or prayers? Even if you have not heard or thought of them for many years, childhood religious experiences may still be very soothing.

Additional Points: Very likely, some of the things you think of in answer to these questions can be recorded for you, such as your favorite music or a prayer. Then you can listen to the tape whenever you wish. On the other hand, if your memory is strong, you may simply close your eyes and recall the events or words.