



City of
Hope®

Pain Control After Surgery

A Patient and Family Guide for
Safe Pain Control



Contacting City of Hope

Your health care team at City of Hope® is here to help you if you have any questions or need to report any problems. Please contact your City of Hope location listed.

After 5 p.m., Monday through Friday, or weekends and holidays, calls will be answered by City of Hope's answering service, which will page the doctor on call.

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The information in this booklet was developed with clinicians at City of Hope. It may be different to some extent from your particular situation. This information is intended to be used only in conjunction with professional guidance from a health care team at City of Hope.

What Is Pain?

The International Association for the Study of Pain defines pain as “an unpleasant sensory and emotional experience associated with actual or potential tissue injury or described in terms of such damage.”

Pain is an uncomfortable feeling that tells you something may be wrong. Pain is grouped as either acute or chronic.

Acute pain is usually severe and short-lived, and is often a sign that your body has been injured. Chronic pain can be from mild to severe, is there for long time (usually more than three months) and is often the result of a disease that may need ongoing treatment. Pain intensity is different from person to person.

Surgery pain is acute. After surgery, your nurses and doctors will ask you about your pain because they want you to be comfortable, but also because they want to know if something is wrong. Be sure to tell your doctors and nurses when you have pain.

This booklet talks about pain relief after surgery. It also talks about pain control and management for long-lasting chronic pain. It explains the goals of pain control and the types of pain relief treatment you may receive. Finally, it talks about how to work with your doctors and nurses to get the best pain control.

Reading the booklet should help you:

- Learn why pain control is important for your recovery and your comfort.
- Play an active role in choosing an option for treating your pain.
- Measure and keep a log of your pain levels.
- Know when to call your health care team for help with managing pain.

Will I feel pain after my surgery?

The amount of pain you will have, and how long it will last, depends partly on what kind of surgery you are having. How you feel after surgery also depends on your age, health and other existing medical problems. There are things your doctors and nurses can do to help control your pain. They will work together with you to make sure you are as comfortable as possible after surgery and after you go home.

How long will I have pain after my surgery?

It depends. After a minor surgery, you might feel fine a few hours later. After major surgery, you may need pain medication for days or even weeks.

Your health care team will work with you to make sure your pain is treated the right way. City of Hope's Division of Supportive Medicine has pain specialists who can help control your pain and other symptoms. Talk to your health care team to request a referral to a pain specialist.

Types of Pain

Type of pain	What is it?	How can I manage it?
Chronic or continuous pain	Pain that you feel all day long over many days and weeks	Take medication on a regular schedule. You may need scheduled medications, including long acting opioids.
Breakthrough pain	Sudden spike of pain during a time when your overall pain is under control (with or without medicines)	Take short acting pain medication only when you need it.
Incidental pain	Pain from an event such as exercise, physical therapy or procedure	Take medication before these events to keep the pain from starting or becoming too much to handle.
End of dose failure pain	Pain that comes before the next scheduled dose of medication	Contact your health care team.
Uncontrolled persistent pain	Pain that is not eased by the medication that you are already taking on schedule	Use a short-acting medication or opioids as needed (check your prescription for how much and how often to take it). <i>If this does not help, or you need it all day and all night, call your health care team.</i>

Measuring the severity of pain

The first step in measuring pain is to find out how bad it is at the moment. The pain severity scale called *Wong-Baker FACES Pain Rating Scale* can help you talk with your health care team more exactly about your pain. Looking at the faces on the scale, zero describes no pain and 10 describes worst pain imaginable. In general, a pain level of:

- 1 to 3 is mild pain.
- 4 to 6 is moderate pain.
- 7 to 10 is severe pain.

Wong-Baker FACES® Pain Rating Scale



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Keep a log or diary of your pain

At the end of this booklet, you will find a *Pain Relief Log* to record your pain levels and share them with your health care team at each of your appointments.

How Is Pain Controlled?

Working closely with your health care team, you can control or manage your pain so that its impact on your quality of life is minimum.

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 may even leave the hospital sooner.
- Improve your results. People whose pain is well-controlled seem to do better after surgery. They may avoid some problems, such as pneumonia and blood clots, that affect others.

How is pain treated after surgery?

After surgery, when your anesthesia wears off, you may need more pain medications. Some pain medications are taken as pills (orally). Some are given by injection (shot). Others come in a patch that goes on the skin, or a patient-controlled analgesia (PCA) pump or pain pump. If you still have an IV or catheter, your doctor or nurse might continue to give pain medications this way.

What are my options for pain control?

Both drug and nondrug treatments can be successful in helping to prevent and control pain. The most common methods of pain control are described in the table below. You and your doctors will decide which ones are right for you. Many people receive a combination of two or more methods to get greater relief. Talk to your health care team if you worry about addiction or getting “hooked” on the pain medication.



Pain relief medications

Type of medication	Name of medication
Acetaminophen and Nonsteroidal anti-inflammatory drugs (NSAIDs)	<ul style="list-style-type: none">• Tylenol• Aspirin• Ibuprofen (for example, Motrin)• Other NSAIDs (e.g., Celebrex)
Opioids	<ul style="list-style-type: none">• Codeine• Hydrocodone (Vicodin)• Morphine• Oxycodone (Percocet)• Fentanyl• Methadone• Other opioids
Local anesthetics	Bupivacaine

Benefits

They reduce swelling and soreness and relieve mild to moderate pain.

There is no risk of addiction to these medications.

Depending on how much pain you have, these medications can lessen or eliminate the need for stronger medications (for example, morphine or another opioid).

They are most often used for acute pain, such as short-term pain after surgery.

These medications are effective for severe pain, and they do not cause bleeding in the stomach or elsewhere.

It is rare for a patient to become addicted as a result of taking opioids short-term for postoperative pain.

Local anesthetics are effective for severe pain. Injections at the incision site block pain from that site.

There is little or no risk of drowsiness, constipation or breathing problems.

Local anesthetics reduce the need for opioid use.

These drugs are given, either near the incision or through a small tube in your back, to block the nerves that transmit pain signals.

Risks

Overuse of acetaminophen can cause liver toxicity.

Most NSAIDs interfere with blood clotting.

NSAIDs may cause nausea, stomach bleeding or kidney problems.

For severe pain, an opioid usually must be added.

Opioids may cause drowsiness, nausea, constipation or itching, or interfere with breathing or urination.

An overdose with opioids can have serious consequences.

Repeated injections are needed to maintain pain relief.

An overdose of local anesthetic can have serious consequences.

Average doses may cause some patients to have dizziness or weakness in their legs.

How Are Pain Medications Given?

Type of Medication	Benefits
<p>Tablet or liquid: medications given by mouth (oral)</p> <ul style="list-style-type: none">• For example, aspirin, ibuprofen or opioids	<p>Tablets and liquids cause less discomfort than injections into muscle or skin, but they can work just as well.</p> <p>They are inexpensive, simple to give and easy to use at home.</p>
<p>Injections into skin or muscle</p>	<p>Medication given by injection into skin or muscle is effective even if you are nauseated or vomiting.</p> <p>Injections are simple to give.</p>
<p>Injections into vein: Pain relief medicines are injected into a vein through a small tube, called an IV (intravenous) catheter. The tip of the tube stays in the vein.</p>	<p>Medications given by injection into a vein are fully absorbed and act quickly. This method is well suited for relief of brief episodes of pain. When a patient-controlled analgesia (PCA) pump is used, you can control your own doses of pain medication.</p>
<p>Injections into spine: Medication is given through a small tube in the back (called an epidural or intrathecal catheter).</p>	<p>This method works well when you have chest surgery or an operation on the lower parts of your body.</p>

Risks

These medications cannot be used if nothing can be taken by mouth or if you are nauseated or vomiting.

There may be a delay in pain relief, and you must ask for the medication in advance and wait for it to be brought to you.

Medications administered orally take some time to wear off and last longer than injections.

The injection site is usually painful for a short time. Medications given by injection are more expensive than tablets or liquids.

Pain relief may be delayed while you ask the nurse for medication and wait for the shot to be drawn up and given.

A small tube must be inserted in a vein. If a PCA is used, there are extra costs for pumps and supplies.

You must want to use the pump and learn how and when to give yourself doses of medication.

It is a well-known fact that injections act quicker, but do not last as long as oral medications.

Staff must be specially trained to place a small tube in the back and to watch for problems that can appear hours after pain medicine is given.

What is patient-controlled analgesia?

The word “analgesia” means pain relief. A PCA, or pain pump, is a method of pain management that lets you give your own pain medication when you need it. A PCA uses a small computer-controlled pump that delivers pain medication directly into your IV (intravenous) line without the need for frequent injections. The pump is set to deliver a constant dose of medication and you can give yourself extra medication when you need it.



How do I use it?

When you feel pain, simply push the control button. The pump will deliver a small amount of medication into your IV. The medication goes directly into your bloodstream and gives you quick relief, usually within five minutes or so depending on the medication.

Is it possible to give myself an overdose?

You cannot give yourself an overdose. The pump is set to give you a measured dose at specific times and a set number of doses per hour as ordered by your doctor.

You have to push the control button to get a dose. If you do not push the button, you will not get a dose. If you push the button before it is time for the next dose, you will not get a dose. The maximum number of doses you can give yourself each hour is set at a safe limit.

Can I let my friends or family members give me a dose?

NO! It is not safe to let anyone else give you a dose. If you are too sedated, you will not be awake enough to push the control button on your own. This prevents you from giving yourself an overdose. However, if someone else pushes the control button for you, it is possible for him or her to give you an overdose. *Do not allow anyone else to give you a dose.*

Are there side effects?

There are possible side effects with any treatment. The side effects you may have depend on the medication in the PCA pump. Your health care team will discuss the specific medication and possible side effects with you and what to do about them.

What if my pain is not controlled with the PCA?

If you still have a lot of pain, try pushing the button again. You might be waiting too long between doses or have not reached the maximum number of doses per hour. Ask your nurse or doctor how often and how many doses you can give yourself each hour. It also helps to give yourself a dose *before* the pain gets too severe or before starting activities that cause pain, such as getting up out of bed or walking.

Talk to your nurse or doctor and let them know how the pain medication and PCA are working for you. If your pain is not well-controlled, your health care team may try other methods of pain control or adjust the dose and timing of your pain medication.

People used to think that severe pain after surgery was something they “just had to put up with.” But with current treatments, that is no longer true. Today, you can work with your nurses and doctors before and after surgery to prevent or relieve pain.

Taking care of pain at home

A big part of your healing after surgery at home is easing your pain. To be in pain does not help you heal faster and it does not give you any other medical benefit. If you wait for pain to get so bad that you cannot do daily tasks, you may go into a *pain crisis*. A pain crisis is when your pain is very bad and cannot be controlled. It can cause distress for you and/or your family.

It is very important to take the medication when you think the pain will start or at the first sign of pain for it to help the most. If you wait until the pain is too much for you, the medication will be less helpful.

While trying to ease pain, you may also have other symptoms. Getting help for these symptoms can help control pain. Talk to your health care team if you have:

- Constipation (trouble having a bowel movement)
- Nausea (feeling like you want to throw up)
- Fatigue (much more tired than normal)
- Insomnia (cannot sleep well)
- Depression (feeling very sad)
- Urine retention (not able to pee)



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2/2 VANESSA J
1/2 RODRIGUEZ

City of Hope
PHARMACY TECHNICIAN
INPATIENT PHARMACY

Pharmacy Technician

A Special Note on Opioids

What are opioids?

Opioids are the main type of medication used to ease very tough pain. Opioids are substances that bind to the opioid receptors in the central nervous system (brain and spinal cord) and can be used to treat moderate to severe pain. They used to be called narcotics. They come in short-acting or immediate release forms (lasting three to six hours) and long acting or extended release (lasting for eight to 24 hours).

You may also know them by names such as morphine, oxycodone, fentanyl, hydrocodone and codeine.

Why do I need to take them?

Opioids are the recommended treatment choice for cancer-related pain. When working closely with your doctor and nurses, opioids can be used to safely ease the pain from cancer and the side effects of treatment.

Common concerns

What if the medication doesn't work?

There are many kinds of pain medications and many ways of giving them. If one doesn't work well for you, other kinds may be tried. Pain medications can be taken over months and years and they will still work.

What are the side effects of the pain medication?

Side effects of pain medications can be controlled and treated. The most common side effects of pain medications are constipation and extreme fatigue or sleepiness. Please tell your health care providers about your side effects before they become severe.

Can I get addicted to pain medications?

- *Physical dependence* is when your body gets used to a medication. This is normal and expected, and it may cause withdrawal when the medication is suddenly stopped.

- *Tolerance* may cause you to feel the pain more intensely. Feeling more pain may not mean that the cancer is back or is growing, but that you may have become tolerant to the pain medication.
- Addiction is not normal or common. The main sign is the need to use drugs for nonmedical purposes (for example, to get high). Addiction is a serious problem, therefore please speak with your doctor if you are concerned that you may become addicted.

8 Tips to Use Opioids Safely

1. Use opioids only to treat pain and not to aid sleep, anxiety or other mood issues.
2. Do not use alcohol or drugs while taking an opioid.
3. Use only the dose at the schedule that your doctor prescribed.
4. Contact your doctor right away if you have new pain or your pain gets worse.
5. Store them in a safe place, such as a locked box (not in a medicine cabinet).
6. Use only what your doctor gives you.
 - Do not give your medication to any other person.
 - Do not take medication from any other person.
7. The right dose for you is the lowest dose to ease the pain and have the most function. In between doses, pain should not keep you from doing the things you want to during the day. Also, the dose should not give you any side effects that you cannot manage.
8. Use breakthrough medication as needed when you change from IV medication to oral (by mouth) medication.

Managing Postsurgery Pain With Mind-Body Practices

Studies show that when patients actively participate in their pain management they have less pain when they return home after surgery.

Research also shows that techniques like the ones following can help with surgical pain.

Follow these steps:



BELLY BREATHING

Taking deep breaths from your abdomen can reduce anxiety and relax your muscles, which helps relieve pain around your surgical site. Start by relaxing your arms and legs.

Take a deep breath, counting to five while you draw a long, deep breath in. Exhale out slowly, counting to five while you slowly breathe out. Relax your jaw. Relax your throat. Take another long, slow deep inhalation, counting to five while you inhale. Now exhale out again, slowly, making your exhale as long as your inhale. Repeat 10 times.



GUIDED IMAGERY

Visualizing pleasant, soothing places and situations can “trick” your brain into a state of lessened pain and anxiety. Imagine a place you would like to go to, such as Hawaii. Imagine the smells, sounds and sensations there, whether it is the sound of the ocean, the smell of salt water or the sensation of warm wind on your skin. Take some deep breaths while you are picturing this (go back to Step 1). If you do not have a favorite place, borrow one of ours! Ask your nurse for guided imagery DVDs you can watch.



POSITIVE DISTRACTION

Research shows that a mind occupied with other thoughts is less able to experience pain. Work with your physical therapist and move as much as possible. Read, watch TV, do puzzles, talk to friends and family — do things to occupy your brain. If you are enjoying yourself, your body will release natural painkillers, called endogenous opioids, or “feel good” molecules, that will fight pain.



SPEAKING UP

Do not be afraid to ask for pain medications if your pain persists. Often patients express concern they will become addicted to painkillers after surgery. Research shows this is very rare if medications are taken as directed. The best way to prevent pain from developing in the future is to make sure you are managing it now, in the days following surgery.



SPECIALISTS ARE AVAILABLE

Remember, pain is our body's natural response to trauma (surgery), but with the preceding steps, it can be well managed, with minimal impact on your recovery. If your pain still persists, City of Hope's Division of Supportive Medicine has pain specialists who are trained in various additional interventions that may help. Ask your health care team for a referral.

Use the Pain Relief Log to track your pain and the time that you take your pain medication. Here are some instructions for using the log:

1. Write the date and time you took your pain medication.
2. Write the name of the Medication.
3. Pick your pain level using a 0-10 rating from the *Wong-Baker FACES Pain Rating Scale*. This will help you and your health care team to know if the medications you are taking for pain are working well or if they need to be adjusted.



4. If you take Medication for pain, follow up in 45 minutes or so to see if you are having relief and make a note of that.
5. If you are eating or drinking, write it down, and in the next column note whether or not you have nausea.
6. In the *Notes* column, write down anything else that you think is important to note and share with your health care team.

Keep this simple for yourself, while understanding the information you provide will improve your care and help your health care team and caregivers to know where your pain levels are.

Please call your health care team at City of Hope for any questions about your medications.



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Patient, Family and Community Education | Division of Urology and Urologic Oncology

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