Episode 11 – Pain and Your Recovery

(Intro) Aislinn: Do you have upcoming surgery? Are you feeling a little bit overwhelmed? Then this is the podcast for you. Welcome to 'Operation Preparation'. You are listening to the Pre Anaesthetic Assessment clinic podcast or PAAC for short from St. James's Hospital in Dublin. Here, we put together a series of short episodes to help you, your family, and your loved ones learn more about your upcoming perioperative experience.

Clare: Welcome back to 'Operation Preparation'. And in today's episode, we are going to be talking about pain. I'm Claire, one of the clinical nurse specialists in the clinic. And joining me today are doctor Alan Broderick, consultant anaesthesiologist, and doctor Aislinn Sherwin, consultant anesthesiologist. So, Aislinn, firstly, could you tell us what is pain?

Aislinn: Thanks, Clare. So the first thing to say is that pain is a very intense personal experience. Every patient experiences pain differently. We define it as an unpleasant sensory and emotional experience associated with or resembling that associated with actual or potential tissue damage. And the key things to remember are that your pain is coloured by your personal experience, also by your biology, your psychology, your previous experience of pain, and your social factors. So for example, we could have two patients who have exactly the same operation, but one patient has pain afterwards of 4 out of 10, and another patient might have pain of 7 out of 10. The key thing is that whatever somebody tells us their pain is, that's what it is. We believe them. Pain that you experience after an operation, however, is expected to be short term, and this is called acute pain.

Clare: Thanks, Aislinn. Alan, can you tell us why do we experience pain?

Alan: Well, feeling pain is a protective evolutionary mechanism. If you imagine putting your hand on something hot, you automatically want to pull your hand away without even thinking about it, and this is your body trying to shield you from further pain or damage.

Clare: Aislinn, will I have pain after surgery?

Aislinn: So I always tell patients that they should expect to have some pain after the surgery. If you don't, that's great, but we aim to have you comfortable. I never guarantee to patients that they're going to be pain free. To quote an old adage, to make an omelette, you have to break eggs, and the same is applicable for surgery. So we make every effort to safely reduce your pain after surgery. Sometimes, interestingly, the pain may not be where the surgery has taken place. You can have a sore throat from the tube that we use to manage your breathing during the operation. You may have some muscle aches and pains from some of the medications that we use, and you may have some pain when moving around. So really, what are we looking for? If you're a day case, we need you to be able to move about, pee, and get home safely. Particularly, if you have a long journey, we don't want you to be in pain. That's not ideal. If you're an inpatient, you need to be able to participate in your physiotherapy, do your deep breathing exercises, and get out of the bed. This in turn reduces your risk of blood clots, chest infections, and other complications after your operation. And more importantly, it gets you closer to going home. So the key message is don't be a martyr. Please tell us if you're sore.

Clare: That's great. Thanks, Aislinn. Alan, how do we assess pain?

Alan: We touched on this in episode nine. So nurses and doctors will ask you regularly to rate your pain on a scale. The most common scale we use is from 0 to 10 where naught would be no pain at all, and 10 is the worst pain that you could imagine or that you've previously experienced. This rating scale helps us to assess what and how much pain relief for analgesia to give you, but it also helps us with seeing how well the medication is working and whether to change or add anything. The kind of pain that you experience can also be useful. Different descriptors of pain can indicate different sources of pain and potentially different medications or treatments that we can use to help you.

Clare: Thanks, Alan. Aislinn, do you want to take us through how you manage pain in straightforward procedures or surgeries?

Aislinn: Yeah. So we treat pain based on the World Health Organization pain ladder. This is an analgesic or pain relief pathway that started off life nearly forty years ago. It was originally developed for the management of pain that cancer patients were suffering, and it has undergone some modifications along the way. The first step is the treatment of mild pain, and we start off with medications such as paracetamol. Paracetamol is a great drug.

It's an analgesic, I.E. a pain relieving drug. It's also an antipyretic, so it breaks fevers or keeps your temperature down, and it's an anti inflammatory medication. Some people really think that oral paracetamol is the same as taking Smarties, but we find that it works well. It works really well in combination with other medications as well, and that the oral stuff that we give you, the oral paracetamol tablets, is just as good as the stuff we give you through the drip. The key thing to note is that those under 50kg in weight will need to have a reduced dose over the course of 24 hours. So for those patients, we give a maximum of 3g per day, whereas for adults over 50kg, you can have up to 4g per day. The 2nd along this step is called nonsteroidal anti inflammatory drugs or NSAIDs. They have an anti inflammatory effect. Some of these drugs will include ibuprofen, diclofenac, and you might know them as neurofen or difene. They do have some side effects though, and side effects are common. Usually, they can cause an upset stomach. They can increase people if you have heartburn in the background, they might give you more of that. They can also trigger asthma. And in those who are susceptible, they can cause problems with your heart.

These drugs are really good, but a short course of them is key. And we always make a risk benefit analysis of whether to give them to an individual patient. The second step along the the World Health Organization pain ladder is the addition of weak opioids. So these are given in addition to step one, and they can include drugs like codeine. So these can be called solpadeine, solpadol, or co-codamol, and it can also include a drug like tramadol.

Clare: Thanks, Aislinn. Alan, can you tell us how you manage pain in more complex procedures or surgeries?

Alan: So in situations where the medications Aislinn just described aren't effective enough or in more complex surgeries, we would add stronger opioids. These can be intravenous or oral, and the most commonly used one in our hospital would be oxycodone, which is an immediate release opioid, and it's commonly known as Oxynorm. Opioids are very effective pain relievers. They activate opioid receptors, which block pain signals between the brain and the body. Additional options to these would include PCA, which is patient controlled analgesia or epidural analgesia, and these will be talked about in a future episode. But side effects of opioids can include drowsiness or nausea and vomiting. If you take opioids long

enough, you're very likely to become constipated. And in higher doses, they can cause slowed breathing. However, if I'm sending someone home with a prescription for pain relief, I often tell them to take their paracetamol and anti inflammatory regularly, and I'll also have prescribed a limited amount of opioids to take as an extra option if required only.

Clare: That's great. Thanks, Alan. And when do I get pain relief?

Alan: If you're staying in hospital, some of your pain relief will be charted regularly, which means the nurses will give it to you automatically when it's due. These medications would include paracetamol, anti inflammatories, and potentially some opioids. However, some of your pain relief will be charted as PRN, which means as needed. In other words, you'll have to request this extra pain relief if you need it.

Clare: Thanks, Alan. Aislinn, there are a few worries we hear from patients surrounding pain relief, such as addiction, for example.

Aislinn: Yeah. Clare, you're right. And we've had a few emails in from patients asking particular questions about pain relief. So to address the addiction issue, no, you won't get addicted to the medications that we give you. It's really uncommon.

And bear in mind that, as we said earlier on, acute pain is short term, and you should get better every day you pass from an operation, and you should find that you're needing your pain medication less and less. And if this is not what you're experiencing, then you need to talk to your doctor. The other one that I hear often from patients is no pain, no gain, and simply this isn't true. We want you to be comfortable. We want you to be able to move about the place, do your physio, do your deep breathing exercises. We want you to get recovered and get on with your life as soon as possible. Pain interrupts this. It can slow these things down, and it can definitely have an impact on your recovery. So please make sure you let somebody know if you're sore. There's always more drugs in the press.

Clare: That's great. Thanks, Aislinn. Alan, do you have any key things to remember?

Alan: So it's important to remember in this episode that we're only addressing acute or short term pain relief in this episode. If you have a chronic pain or if you're on other pain medications before your operation, we will consider this as part of your analgesia plan and your postoperative pain relief. We also have an excellent pain management team here in St James's who will hopefully be guesting on a future episode in our next series, and we will go into more of this then. We will talk about alternative methods to manage pain in another episode where we will go into detail regarding epidurals, patient control analgesia, spinal anaesthetics, and regional anaesthesia.

Clare: That's great. Thanks, Alan and Aislinn, for talking us through pain and pain management. And thanks everyone for listening, and join us again for episode 12 where we will talk about ‘what is a general anaesthetic?’.

(Outro) Aislinn: You've been listening to ‘Operation Preparation’, the Pre Anaesthetic Assessment Clinic podcast from St. James's Hospital Dublin. Don't forget to subscribe and check out our website, links, and abbreviations in our show notes to learn more about the topics we've covered today. If you have a question that you would like us to cover here, email the podcast at perioperativepodcast@stjames.ie. Thank you for listening. Until next time.