

## Episode 22 – The Pain Team

**(Intro) Pam:** Do you have an upcoming surgery? Are you feeling a little 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, 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.

**Pam:** Hi everyone, welcome back again to episode 22, season 4 of 'Operation Preparation' – The Pain Team. I'm Pam, a Clinical Nurse Specialist in the Pre-Anaesthetic Assessment Clinic, and with me today is Julie, a junior doctor studying anaesthesia. Joining us here today, we have Consultant Anaesthesiologist and Pain Specialist, doctor Áine O'Gara, and Clinical Nurse Specialist, Lynn O'Donnell, who are going to tell us all about the role of the Pain Team and how they will help you after your surgery. So first off, Lynn, who are the Pain Team?

**Lynn:** The Pain Team are a team of doctors and nurses who are specifically trained and educated to look after your pain. So the day after your surgery, the pain nurse will come and visit you if you've got an epidural, a nerve catheter or a patient controlled analgesia, which you'll often hear referred to as a PCA. They'll ask you lots of questions about your pain and if the medications that you're receiving are helping you or not. They will check the pumps and that they're delivering the medications and they can make adjustments to this if more or less medication is required. The pain nurse will ask you about your pain history and if you've previously taken any strong pain medications. It's just important that we know all this information so that we can adjust your pain medications accordingly. You will be asked questions if you feel sick, itchy or if you're having hallucinations, because we know some of the drugs that we give you for pain can also cause these side effects. There are other medications that we can prescribe along with the pain medications to help with these side effects, so it is really, really important to tell your nurse if you're experiencing any of these.

**Julie:** Great, thanks so much Lynn. That's a really lovely insight into who the Pain Team are. So Áine, over to you. What do I need to know about pain relief after my operation?

**Áine:** Well, of course, surgery can be painful and that's why we use a variety of techniques like those discussed in earlier episodes, such as epidurals and nerve blocks to try and minimise and manage the pain after surgery. In addition to those, we use a variety of different types of medication, through different routes, to allow you to manage your pain, whether that be through an intravenous route, through cannula, or orally when you're able to eat and drink after surgery. There are several different pain medications we may use and that's very much individualised to the person. The type of surgery you've had is also a factor in what type of medication you will have and if you've been on strong painkillers prior to your surgery, it's really important we know about that so we can tailor your individual plan for that.

**Pam:** And Áine, are there any other side effects of epidural or PCAs?

**Áine:** Of course, with all medications, including epidurals and PCAs, there are risks and benefits. For example, with epidurals, one of the side effects you might experience is heavy

or numb feeling legs and you will find the nurses looking after you, doing checks such as checking the sensation or movement in your legs and will be asking you to bring your knees up towards your chest to check the movement in your hips. Some of the medications we deliver through patient controlled analgesia or PCA can leave you feeling a little bit sleepy or at times nauseous. Not everyone, but some people might be a little bit sensitive to these medications, so those are some of the kind of common side effects we may see with these.

**Julie:** Thanks Áine, that's all really clear. And that's what it's all about, letting patients know in advance what to expect and to understand why we're asking certain questions. So Lynn, back to you again. How does a patient controlled analgesia or PCA work for me?

**Lynn:** So a PCA is a machine that will deliver a strong painkiller such as morphine or oxycodone in it. You're going to have a button and you will press the button whenever you have pain and the pump gives you medication into the vein. The nurses in the ward will educate you on how to use this pump and the pain specialist when they visit you in the ward will also tell you and educate you on the pump, just in case you forget how to use it. The PCA gives you full control of your own pain relief. Sometimes patients worry about pressing the button in case they take too much, but it's very reassuring to know that the pumps are set up by trained nurses. The pump itself goes through a number of safety checks and there is a lockout safety on the PCA so that no matter how many times you press it, you're only going to get so many doses within a certain number of minutes. The PCA is prescribed by an anaesthetist and it's individual to each person's needs. So the nursing staff in the ward are very familiar with these pumps and have done extra education so that they can look after you while you're on them. You will also be monitored regularly while having the PCA.

**Pam:** Thanks for that Lynn. Hopefully that will be reassuring for listeners to hear because as healthcare professionals we have all heard those similar concerns from patients before. But what if I don't have an epidural, a nerve block or a PCA? What kind of pain relief options are available for me?

**Áine:** For patients that don't have either epidurals or nerve blocks or PCAs, there are of course lots of options with oral medications. As I believe was discussed in previous episodes, the World Health Organisation pain ladder can be used for helping guide medication prescribing after surgery. People can rate their pain from zero to ten, ten being the worst pain you've experienced, zero being none. And then medications such as simple analgesics like paracetamol and anti-inflammatories can be used and then if needed additional morphine-based medications can be added on an as required basis and they're titrated to that patient's individual need to try and get control over their pain.

**Julie:** Great, that's really good information to have, thanks Áine. So what can I do to help with my pain relief? Maybe Lynn, you can help with this one?

**Lynn:** Yeah, it sounds very basic but your role is to report your pain and to take the pain relief and the advice from us. You as a patient are the best person to describe your pain and how it feels and what helps with it and what doesn't. We won't know about your pain if you don't tell us and there are so many ways that we can help. If one thing doesn't work we can try another. It's not one size fits all when it comes to pain so don't be afraid to complain of

pain or feel that you need to endure it. Other ways are that you can distract yourself by bringing in a book, a magazine, a crossword, knitting or whatever you're interested in. You can practice mindfulness techniques and breathing. You can learn to pace yourself during the day and we know that hospitals can be very busy places for patients and while we want you to be as active as you can after your surgery we don't want you to be overdoing it either.

**Julie:** Thanks so much Lynn. There's some really great tips there. How long will I stay on the pain relief after my surgery?

**Lynn:** So every patient is different, however you can expect to stay on the epidural, the nerve block infusion, the PCA for a number of days or at least until you're tolerating light diet. Some patients need to stay on them longer and some need to stop them sooner and that is okay. The pain team can advise you whenever they review you when is the most appropriate time to stop these.

**Pam:** Thanks Lynn for that. So Áine, should patients be concerned about pain that they might have once their epidural or PCA is stopped?

**Áine:** So Pam, what I would say is we always make a plan for that individual patient for when their epidural or PCA is being stopped. We would never just completely cut off pain relief without a backup plan in place. So once these more advanced techniques are being stopped we will be introducing oral medication to optimally manage your pain. So I think it's completely fair to be concerned about that and to ask your team and the nursing staff looking after you what the plan is. Once you're eating and drinking it's much easier to manage medications taken orally and that will be the typical plan for patients once the epidural or the PCA is discontinued.

**Pam:** And how will I know when to take the pain relief?

**Áine:** Well that's where the communication and the reporting the pain to your nursing staff looking after you is really important. So when you feel uncomfortable or a pain score that is unmanageable for you to do your deep breathing, your coughing, your mobilising that's when we would say you should be telling us so that we can administer more pain relief to you. So everyone's a little bit different and we very much rely on that patient feedback to tell us when they're feeling the pain and how that's interfering with their ability to do their day-to-day activities.

**Julie:** Thanks so much Aine. It's really great to know that everything is individualised to each patient. And Lynn, what happens if the pain relief is not working for me? What should I do?

**Lynn:** As doctor Aine O'Gara had said, communication. So it's important to tell your nurse if you're still in pain. The pain team can come and review you and suggest adjustments to your pain relief so as to make you a lot more comfortable. As previously mentioned in episode 11, pain in your recovery, there is no such thing as no pain no gain. We need you to be comfortable in order to mobilize, do your physio and deep breathing exercises so as to avoid

things like chest infections. And we recommend having a listen back to episode 11 for more information.

**Julie:** Thanks Lynn. That's really great advice. And what about managing my pain when I get home after my surgery?

**Lynn:** So generally you're weaned off the strong medications before you go home. However, some patients do need strong medications for longer and they will go home on those. Your GP can help wean you off these once your pain is under control and you no longer need them.

**Pam:** We often hear in the pre-assessment clinic patients' fears about addiction to pain medication. Can you help alleviate any fears or misconceptions for us, Áine?

**Áine:** Of course, that's a completely understandable fear. There's a lot of information about addiction out there on Netflix and in different areas. So it's only fair that patients coming in are concerned about this. What I always say to patients is you let us worry about the medications. We're very careful to prescribe only what patients need in terms of strong morphine-based medications. And we aim to provide really good information about these medications to prevent any long, inappropriate long-term use. So while, of course, in theory, morphine-based medications can be addictive, it is very appropriate to use them in the post-surgery phase for patients. And when we use them correctly and we're all open and communicate appropriately about these medications, we're confident that we can reduce any risk of long-term addiction for people.

**Julie:** Thanks Áine. That's really reassuring for everyone with all of these medications that are often new to us after surgery. What about those who are concerned about adding more pain from the surgery onto perhaps previous chronic pain? What can they expect or be advised?

**Áine:** Again, this is a really fair concern for patients. We see patients with chronic pain in our clinic all the time, and we understand the fear that they may have going into a surgery, which they know may cause more pain initially. What's really important is, like we briefly mentioned earlier, is being very open about your pre-existing pain and your, importantly, your medications that you're already on. So as we can make the best individual plan for that patient who already has pain coming into a surgical setting. What we would like to do is offer support and regular assessment for these patients on the wards so that we can really ensure their journey is as smooth as possible moving through that surgical phase.

**Pam:** Thanks Áine. And what advice would you give to someone who is already taking strong painkillers before their surgery?

**Áine:** Again, your team knowing about your strong painkillers prior to your surgery is the most important thing. I know there's a lot of things going on in patients' minds when they're coming in for surgery, and of course people can forget to mention they're on certain medications, and these might be not prescribed medications that they're taking from over the counter, or they might be patches which have strong painkillers in them, which can

often be forgotten about. It's really important to ensure that your team and the pain team who'll be seeing you know all about the painkillers you've been on prior to your surgery so that they can make the best plan for you as an individual and your individual pain relief needs during your surgery and your recovery.

**Julie:** Thanks again Áine. So what key takeaway points would you have for any listeners today about pain management after surgery?

**Lynn:** So one of the main key points is communication. So communicating your pain with your nurses, doctors and the pain team. And I suppose understanding this no pain no gain is a myth. You have to be able to manage your pain in order to get better after your surgery. Telling us about what previous pain experiences you've had and what previous analgesics or pain medications that you've been taking prior to your surgery. And I suppose the big one is not to be afraid to take the pain relief and not to be afraid to actually report your pain to the healthcare staff.

**Julie:** Great. Such fantastic information for anyone having upcoming surgery who is worried about pain. There are many varieties and techniques available from our conversation today to ensure the comfort of the patient after their procedure, which is so reassuring. We hope you enjoyed today's episode of Operation Preparation. Thank you to the members of the Pain Team, Consultant Anaesthesiologist and Pain Specialist doctor Áine O'Gara and Clinical Nurse Specialist Lynn O'Donnell. Stay tuned to our next episode, Your Child's Surgery, with special guest Consultant Anaesthesiologist doctor Suzanne Crowe and her special patient guest Emmet.

**(Outro) Aislinn:** You have been listening to Operation Preparation, Pre-Anaesthetic Assessment Clinic podcast from St. James's Hospital, Dublin. Don't forget to subscribe and check out our website, links and abbreviation 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 us at [operationpreparation@stjames.ie](mailto:operationpreparation@stjames.ie). Thank you for listening. Until next time.