

Treating Pain After Inpatient Surgery

Nationwide Children’s Hospital wants to make our patients as comfortable as possible. Having pain is normal after surgery, but there are ways to decrease the pain.

How is pain evaluated?







Sometimes it can be hard to know if pain, anxiety or stress is causing discomfort.

Possible signs of pain are crying, facial cues, leg movement and how easily the patient can be comforted. Parents can also help us understand their own child’s needs. Nurses and doctors use guides called pain scales to measure pain. There are different pain scales that can be used based on the patient’s age. For younger children, the pain scale uses visual signs to evaluate pain (see chart below).

Subjective pain scales:

Faces: More appropriate for preschool and young school children.

Show me how you feel by pointing to the face:

					
0	2	4	6	8	10
NO HURT	HURTS LITTLE BIT	HURTS LITTLE MORE	HURTS EVEN MORE	HURTS WHOLE LOT	HURTS WORST

Older children and adults can rate their pain on a scale of 0 to 10, with 0 being in no pain and 10 being the worst pain.

What can you do to help?

It is important to take deep breaths and cough from time to time. Blowing bubbles can be fun and help the lungs too. If there is a surgical wound, try splinting the affected area. Splinting is holding a pillow or folded blanket and gently applying pressure over the wound. The patient should cough or take a deep breath during splinting.

Try different positions to decide what is most comfortable. Your nurse can make suggestions about safe positions. It is also important to move while in bed, and walk when allowed to get out of bed.

Stroking your child’s hands, arms, legs or head may be comforting. Small children may be more comfortable when someone holds them.

Try to distract your child from the pain and make him or her as comfortable as possible. Suggestions include:

- Keep the room quiet and dim the lights
- Play soft music
- Watch a favorite movie or television show
- Read books
- Ask about Child Life Services
- Massage therapy, acupuncture, aromatherapy, hypnosis (ask your nurse about these therapies)
- Bring comfort items from home, such as stuffed animals or a music device with headphones
- Ask your nurse if it is safe to place a warm or cold pad on the area that hurts.



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Important words to know:

- **IV:** Directly into the vein
- **PO (By Mouth):** Once the patient is able to eat or drink
- **Epidural Catheter:** A small hollow plastic tube that is inserted through and taped to the skin in the middle of the back. It delivers pain medicine to your child. If your child has an epidural catheter, he or she will have decreased or no sensation in the lower body but will most likely be less sleepy than on other pain medicines
- **PCA (Patient Controlled Analgesia) Pump:** A machine with a syringe filled with pain medicine that delivers the medicine through your child's IV line. It is controlled by your child.
- **NCA (Nurse Controlled Analgesia) Pump:** A machine with a syringe filled with pain medicine that delivers this medicine through your child's IV line. It is controlled by your child's nurse.
- **CCA (Caregiver Controlled Analgesia) Pump:** A machine with a syringe filled with pain medicine that delivers this medicine through your child's IV line. It is controlled by the child's caregiver.
- **Basal and Demand Dosing:** These terms relate to PCA, NCA and CCA pumps. A basal dose of pain medicine is a constant, set amount of pain medicine that is given to your child through the pump. A demand dose is a set dose of pain medicine that is given to your child when you, the nurse or your child presses the button to deliver pain medicine. There is usually a limit to how many times a demand dose will be delivered over a period of time.
- **Nerve block:** Involves placement of local anesthesia (numbing medicine) around the nerve(s) to numb them for certain procedures. A single shot usually lasts around 12 to 24 hours, which allows the patient to have constant pain relief while still able to move lower legs and begin physical therapy.
- **PNC (Peripheral Nerve Catheter):** Depending on the type of procedure, your surgeon may choose to place a small catheter (a hollow plastic tube) that gives a continuous amount of numbing medicine over several days (usually 3 to 5 days) next to the nerve. This catheter can be safely removed by the family at home.

How do patients usually feel after surgery?

Patients may feel tired after surgery. This could be due to stress and side effects of some pain medicines.

Other things to look for after surgery:

- Itching
- Constipation
- Upset stomach
- Rash
- Slower breathing

If any your child experiences any of these symptoms, please talk to the child's nurse or doctor.

If your child is prescribed opioids to control pain after surgery, your doctor will also prescribe a medicine for constipation because of the risk of opioids causing constipation. Some medicines for this include stool softeners, MiraLax and sometimes sennosides. For stool softeners, like docusate sodium, it is important to drink plenty of water.

What medicines are used to control pain?

There are multiple medicines that may be offered to control pain. IV medicines that your doctor might use to control pain include: acetaminophen, ketorolac or opioids (including morphine, hydromorphone and fentanyl). Some medicines that are given by mouth include acetaminophen (Tylenol), ibuprofen (Motrin/Advil) or opioids (hydrocodone or oxycodone).

Inpatient post-surgical children begin pain management in the hospital with IV pain medicines. The doctor will decide when it is okay to change from IV medicine to oral pain medicine. It is important to note that these medicines are dosed based on your child's weight. Make sure your child does not take more medicine than prescribed and follows the instructions.

Other Medicines:

- **Muscle relaxers:** May be given for certain surgeries to relieve muscle spasms (many times described as muscle cramps). Muscle spasms are a pain that opioids generally cannot control. It is important not to give muscle relaxers at the same time as opioid pain medicines because of the risk for slowed breathing, unless told otherwise by your doctor.

- **Needle Stick Procedures:** There are sprays and numbing creams that are offered to help with the discomfort associated with needle stick procedures.
- **Urinary Catheter Insertions:** Numbing gel (2% lidocaine jelly) is used to reduce pain and discomfort associated with urinary catheter insertions.

How long after surgery do patients need pain medicine?

Every patient is different. Usually, epidural catheters and PNCs stay in for about three days, but can stay longer (up to a week). PCA and NCA pumps can be used for as long as your child needs the medicine.

Your child can usually start taking medicines by mouth once he or she can swallow liquids without getting sick. Your surgeon will decide when it is time to change medicine from IV to oral (by mouth).

Once your child is ready to go home, the surgeon may give you a prescription for pain medicines to help control pain at home. These can be taken along with acetaminophen and ibuprofen if needed.

Our number one goal is to provide the best care possible at Nationwide Children's Hospital. Please let us know if there is anything we can do to ensure your child's pain is controlled.

