

Managing your pain after Ilizarov surgery



Information for patients

Northern General Hospital



PROUD TO MAKE A DIFFERENCE

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Introduction

This booklet is about how we can help treat any pain you may experience after your frame surgery, both during your stay in hospital and afterwards when you go home.

If you already take regular pain relief at home it is important to tell the nurse or doctor so that we can try to control the additional pain from your surgery.

Who should I speak to about my pain?

You should always tell a nurse, doctor or physiotherapist about your pain before it becomes too unbearable. The longer you wait, the worse the pain may get and the harder it is to take the pain away.

There are some people who need more pain relief than others for a variety of reasons. If you are still experiencing pain then do not be afraid to tell your nurse, even if you have already had some pain relief. Nurses are aware that patients vary in the need for pain relief after surgery and that you need to be as comfortable as possible to be able to do your exercises and to mobilise (move around).

Pain scores

Whilst on the ward you will be asked by the nursing staff looking after you to describe your pain on a scale of 0 - 3.

0 = no pain at all

1 = mild pain

2 = moderate pain

3 = severe pain

Your score lets the nurse know your level of pain so that they can give you the appropriate medicines to reduce your pain.

Types of pain relief

There are several types of pain relief that you may be prescribed after your frame surgery, both during your hospital stay and afterwards when you go home.

Some examples are:

Paracetamol: good for mild to moderate pain and works well with other pain relief, such as codeine. Take regularly as prescribed and do not take more than 8 in a 24 hour period.

Codeine: for mild to moderate pain. A weak opioid and works well with Paracetamol. It can be used separately for breakthrough pain relief.

Tramadol: for mild to moderate pain. A weak opioid and synthetic form of codeine. It works well with Paracetamol and can be used separately for breakthrough pain.

Oramorph: for moderate to severe pain. This is a strong opioid and can be used after your surgery, during your hospital stay and used at home if you are carrying out corrections to your frame or if you just simply need it to control your pain.

It is important to take your pain relief at regular intervals throughout the day in order for them to be most effective.

We advise that you do not use Non-Steroidal Anti-Inflammatory Drugs (NSAID's) such as ibuprofen, naproxen, diclofenac as they can slow down bone healing.

Forms of pain relief

There are many ways to treat your pain. The doctors and nurses will recommend the best pain treatment for you and may use one or more of the following ways to treat your pain.

Orally: This means taking your pain relief by mouth in tablet, capsule or liquid form. You need to be able to drink and not feel sick in order to take pain relief by mouth. It may take up to 30 minutes for them to have an effect.

Intravenous / intramuscular / sub-cutaneous injections: You may be given pain relief through your veins (intravenous), via your muscle (intramuscular) or just under your skin (sub-cutaneous). This is usually a strong opioid such as morphine that is a quick release of pain relief for more moderate to severe pain. A trained nurse is able to administer this to you.

Patient controlled analgesia (PCA): This is where you are in control of giving yourself a set amount of pain relief via a hand-held button that is connected to a computerised pump. This pump usually contains a strong opioid such as morphine or oxycodone and is connected to a vein in your arm. You press the button and this administers a set dose of the pain relief. The anaesthetist or specialist pain nurse will set the pump and programme it so that you will not be able to give yourself too much of the medication.

The nurses on the ward will monitor your usage of the medication in this pump and record this on a chart in your notes. You will also be expected to wear an oxygen mask or tube continually for the first 24 hours after your surgery if you have a PCA and then only for sleeping thereafter.

If you are going to get out of bed, do your exercises, or walk around we would advise you to press the button 5-10 minutes beforehand to allow for the pain relief to start working. You should then be more comfortable during the activity.

Local anaesthetic / nerve blocks: These are commonly used to manage your pain after your surgery by injecting local anaesthetic into the affected area to numb it. These injections should give you pain relief for around 8 hours after your operation, some blocks last even longer. It is possible for the block not to work; in this case an alternative form of pain relief will be given.

Please note that the block will make the area feel heavy and you may find it difficult to move. Some people also say that they get pins and needles as the block starts to wear off. This is nothing to worry about and these symptoms wear off gradually.

Epidurals: An epidural can be used during and/or after surgery for pain relief. The nerves from your spine to your lower body pass through an area that is close to the spine, this area is called the epidural space. A local anaesthetic is injected through a fine plastic tube into the epidural space by the anaesthetist. This injection of anaesthetic blocks the nerve messages which cause numbness. An epidural pump can continue the epidural by allowing the local anaesthetic to be continuously given through the epidural catheter via a computerised pump. Sometimes you may be given a button to press to give yourself extra pain relief, the limit is set by the anaesthetist so that overdose is avoided. However, an epidural may be used for the operation only.

When the epidural is stopped, full feeling to you lower limbs will return, usually within 6-8 hours.

Pain relieving strategies

Your own: If you have your own pain relieving strategies at home then we encourage you to continue to use them whilst in hospital. This may help to reduce the amount of pain you experience. Our aim is to support you, as well as offer additional advice and techniques on how to alleviate your pain.

Please note that the use of heat pads or ice packs is not recommended on the limb that your frame is on.

Mobilising: This is a huge part of your rehabilitation as a frame patient. Most people find that moving around and weight bearing as soon as possible helps to reduce the pain that they experience. You will be encouraged to get up and out of bed as soon as you are safe and able to do so. If you are unsure of how much mobilisation you can do then please speak to your nurse or physiotherapist.

Advice when you leave hospital

- The doctors will prescribe a supply of medication to take home with you. These may include your regular medications as well as additional pain relief.
- The supply you will get from hospital is usually a **2 week supply**. You will need to **get future prescriptions from your GP practice**.
- The nurses on the ward will explain your medications to you, including how and when to take them, before you go home.
- Always read the label for instructions on how to take your medications and any precautions that you need to know about prior to taking them.
- Do not exceed the recommended dose that is stated on the packet; if you do, follow the advice on the leaflet in the packet.
- Do not mix over the counter painkillers with the medication that you have been prescribed.
- Ask questions if you do not understand any of the instructions that you have been given.
- Continue to take your pain relief as prescribed. When you feel that your pain is starting to reduce wean yourself off your painkillers gradually. If you need advice please speak to one of the nurses about this.
- Do not start to wean yourself off your painkillers too early, if you need them to be able to walk properly and do your exercises then

continue to take them until your pain starts to reduce. Pain usually starts to reduce 6-8 weeks after your surgery but may take longer depending on your injury / surgical procedure(s).

- If you feel that you are becoming addicted to your painkillers then contact your GP who will advise you as necessary.
- Always have your painkillers with you when attending outpatient clinic appointments, physiotherapy appointments and when you are away from home.
- If you are correcting your frame then you will need your painkillers for longer or until you have stopped correcting. Depending on the correction you are doing you may need a lot of pain relief in order to be able to do your corrections. Do not exceed the prescribed limit.
- If you are taking codeine or tramadol these may have a constipating effect so ensure that you have a high fibre diet with plenty of fruit and vegetables and drink plenty of water. If you think you are constipated then speak to your GP for further advice.
- If you are taking strong pain killers such as morphine, oxycodone or painkillers for nerve pain, such as gabapentin or pregablin, gradually wean yourself off these with the support of your GP. Do not stop them immediately.

Who should I contact if I need advice?

If you have any further questions or need advice about the management of your pain then you are advised to speak to the ward nurses and doctors whilst you are in hospital.

If you need advice or support at home then please contact your GP.

You may also contact the limb reconstruction nurses Maria Vincent and Katy Cooke on **0114 226 6368** if you need advice or support on managing your pain after discharge from the ward.

For further reading and understanding of managing your pain we recommend visiting the following website:

- www.painaustralia.org.au/



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