• Patient-controlled analgesia (PCA)

This is a system which allows you to control your own pain relief. Drugs are put into a pump which is connected to your cannula. The pump has a handset with a control button which you will be shown how to operate. When you press the button, a small dose of the drug goes straight into your cannula. Using a PCA allows you to help yourself to a small dose of pain relief very frequently. The anesthetist sets the dose and also a minimum time limit between doses (usually five minutes). After that time has passed, you can decide whether you want another dose. The drug goes straight into a vein, so it works very guickly. You can continue to press the button at fiveminute intervals until your pain is reduced to a suitable level. While using a PCA, your nurses will watch you carefully to make sure that you are reacting safely to the pain-relief medicine.

• An epidural catheter for pain relief

A fine tube (epidural catheter) is placed into your back, using a needle. A pump is used to run local anesthetic continuously into the epidural



catheter. This makes the painful site of your body become numb. The numbness lasts as long as the catheter is in place and the pump is running. When the catheter is removed, feeling in the numbed area returns to normal.



Major nerve block

A nerve block is used where a specific nerve or bundle of nerves to a specific area of the body can be made numb. This form of anesthesia is used to provide long-lasting pain relief, during and after surgery.

Local-anesthetic infiltration

Local-anesthetic is administering the drugs by needle under the skin, near to your surgical site or to the nerves that supply the area. Non-pharmacologic methods:

For your safety, consult with your treating physician about the appropriate method:

- Repositioning
- Ice application
- Heat massage
- Acupuncture
- Distraction/Support

Pain relief at home:

- You may be given a supply of pain relief drugs to take home with you. It is important that you understand how to use the different drugs and that you are aware of possible side effects.
- Other pain relief methods will be explained by your doctor or nurses.

Pre- Admission Anesthesia clinic

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Anesthesia and Pain Management





What is pain?

Pain is an unpleasant sensation that can range from mild, localized discomfort to agony. Pain has both physical and emotional components. The physical part of pain results from nerve stimulation due to tissue damage during surgery; this is expected after surgery.

Good pain relief after your operation is essential. Besides making you comfortable, it helps you get better more quickly.

If you have good pain relief, you will be able to:

- Breathe deeply and cough (which will help to avoid any chest infection after your operation)
- Move about freely. Exactly how much and how soon you will move around the bed, or get out of bed, will depend on the operation you have had. Early movement helps prevent blood clots in your legs. Getting out of bed helps you to expand your lungs and to avoid a chest infection. It also helps prevent stiff joints, an aching back, and pressure sores where you have been lying. It will also help elevate your mood.

Planning your pain relief:

Starting from the visit to the pre-anesthesia admission clinic, your anesthetist may talk with you before your operation about pain relief afterwards. You can discuss any preferences you have, and decide together what pain relief you will have.

The amount of pain relief you need depends on the operation you are having:

 Most pain-relief treatments have side effects. Your doctors will need to take these into consideration as they advise you on which type of pain relief is best for you. Occasionally, pain is a warning sign that all is not well, so you should tell your nurses about it. It is much easier to relieve pain if it is dealt with before it gets worse. So, you should ask for help if you think the pain is bad or getting worse.

Pain management team:

In Hamad Medical Corporation (HMC) we have a pain management team, who specialize in pain relief after surgery. You can ask to see them or the doctors and nurses on the ward can call them for advice if your pain is difficult to control.

Pain management can be achieved by two ways, either the pharmacological (use of medication) or nonpharmacological method.

Ways of taking pain relief medications:

• Tablets or liquids to swallow

These are used for all types of pain. They take 30 minutes to work and are best taken regularly. You need to be able to eat and drink without feeling sick for these drugs to work.



• Injections into a muscle (IM)

The IM injection may be prescribed as an extra form of pain relief if you unexpectedly have a lot of pain. They may be given into your leg or buttock muscle and take 10 to 15 minutes to work.



Suppositories

These waxy capsules are placed in your rectum (back passage). The drug dissolves and is absorbed into the body, taking 10 to 20 minutes to work. They are useful if you cannot swallow or feel very sick.



• Intravenous pain relief (into a vein)

In the recovery room your anesthetist and nurses may give you drugs via your cannula. They work more quickly than if the same drugs are given as a tablet or injection into a muscle.

