FAST FACTS: Pain After Surgery

Pain control after surgery is important for both your family member and their healthcare provider. Controlling pain and managing the side effects of pain medications are important for your family member’s comfort following surgery as well as their recovery and rehabilitation following the procedure.

✓ Planning for Surgery
- Discuss the following with your family member’s surgeon and healthcare team prior to surgery.
  - Pain expectations- your family member’s surgeon should explain what pain is typically seen with this type of surgery.
  - Share your family member’s previous pain experiences with the surgeon or healthcare team.
  - Discuss any chronic pain issues your family member is currently experiencing and the treatment plan for managing chronic pain.
  - Review your family member’s current medications with the surgeon or healthcare team.
  - Discuss alcohol drug use- including history of misuse.
  - Discuss the possible treatment plan the healthcare team plans to implement post-surgery, including pain medications, nondrug treatments, activity expectations, limitations, etc.
  - Discuss any side effects of pain medications the healthcare team plans to prescribe post-surgery and the plan to manage those potential side effects.
  - Discuss any other concerns you may have about your family member’s planned procedure and recovery period.

✓ What Type of Pain to Expect after Surgery?
- The type of pain experienced will depend on the type and site of the procedure.
- The site of the surgery is often not the only area where your family member may experience pain.
- Other types of pain your family member may experience include:
  - Muscle pain from laying on the operating table in the neck, shoulders, back or chest.
  - With general anesthesia (a sleep-like state during which you feel no pain because you are unconscious), the patient’s throat may feel sore or scratchy from the tube used during surgery to ensure the patient receives enough oxygen and to protect the lungs from blood and other fluids such as stomach juices.
  - Pain with movement- depending on the type of surgery, your family member may feel increased pain at the surgical site when they sit up, walk, cough, etc.

✓ Reporting Pain
- The healthcare team:
  - Needs to know if your family member’s pain is not well controlled.
  - Will frequently ask your family member to rate their pain during their recovering period.
  - Will routinely ask your family member to rate their pain on a 0 to 10 scale with “0” being “no pain” and “10” being the “the most intense pain imaginable.” If your family member is unable to verbalize their pain level, they may ask you to report any behaviors or other changes you see that may indicate pain (i.e., grimacing, crying, agitation, etc.).
  - May use a pain assessment tool to help you determine the level of pain.
See examples of potential pain tools below. Full descriptions of these pain assessment tools and others are available at https://geriatricpain.org/selected-pain-assessment-tools-fc.

If your family member is unable to report their pain, the healthcare team may use another type of pain scale for those who are cognitively impaired.

- **Iowa Pain Thermometer- Revised**
  Or Verbal Descriptor Scale (VDS)

- **FACES Pain Scale Revised (FPS-R)**

- If needed, changes may be made to your family member’s pain management plan based on feedback to the healthcare team.

**Management/Treatment**

- Pain management will vary depending on the type of surgery.
- If your family member has major surgery:
  - They will probably have an IV tube, also called a catheter, placed in a vein in their hand or arm prior to surgery to provide them with fluids, sedatives, pain medications, and other types of medications both before and after surgery.
  - Epidural analgesia involves injecting pain medication through a catheter into the epidural space in the spinal canal but not into the spinal fluid. This type of treatment is often used during major abdominal surgery.
  - Some surgeries are completed with the use of spinal anesthesia, medications injected into the spinal fluid. This type of pain medication is easier and works faster than epidural analgesia, but the pain relief does not last as long since there is no catheter to allow additional medications.
  - A nerve block uses a local anesthetic (medication that blocks pain) to provide targeted pain relief to a specific area of the body like an arm or leg. This medication works to block pain messages from traveling up a nerve to the brain- thus blocking the feeling of pain.
- If your family member has minor surgery or following discharge after major surgery:
  - Their healthcare team will provide a treatment plan which may include the use of oral pain medications such as opioids or over the counter pain medications (i.e., acetaminophen or ibuprofen) and non-drug therapies (such as ice, increased rest, physical therapy, and limited activity).
  - Be sure to follow the post-surgical treatment plan and report any issues noted, such as increased pain or medication side effects, to the healthcare team.
✓ **What Else You Should Do**

- Encourage your family member to be honest about their pain following surgery—be specific about the level of pain, where pain is located and any uncomfortable side effects from medications they experience. Share this information with the surgeon or other members of the healthcare team.

- Once your family member is home following surgery, use a [Pain Diary](#) to note important information useful to the healthcare provider.

- Encourage your family member to try a non-drug treatment and document the impact on their pain in their Pain Diary.

References

