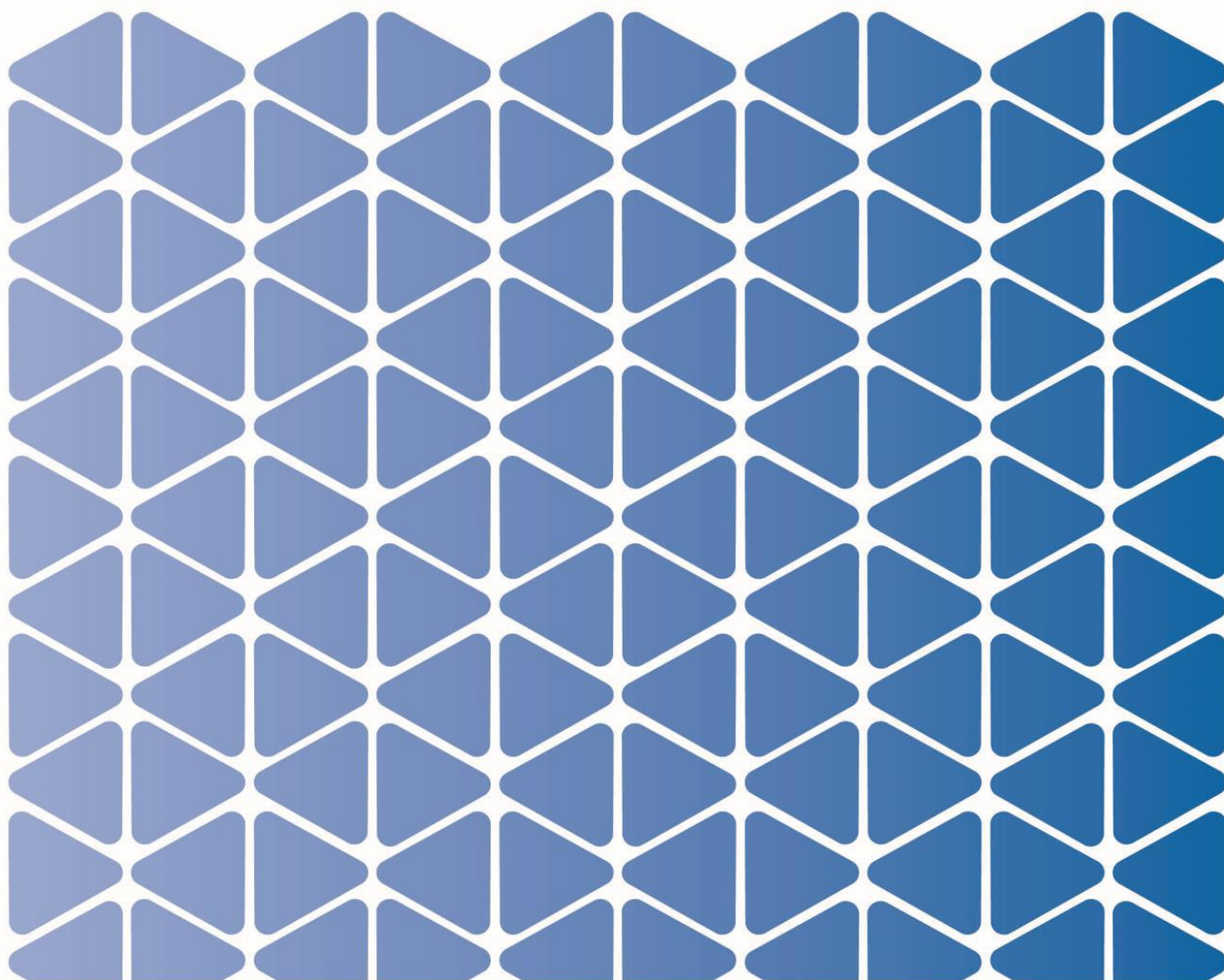


PATIENT INFORMATION

ACUTE PAIN INFORMATION LEAFLET

and patient Satisfaction Questions



INTRODUCTION

When you are admitted into hospital for an operation or due to illness, it is possible that one of your questions will be 'will it hurt'?

It is impossible to tell whether or not you will experience any pain. However, if you do, we will treat you as soon as possible to ensure you are comfortable.

Pain relief is important as it alleviates distress and helps you recover more quickly.

WHAT IS PAIN?

Pain is an individual experience and no two people will feel the same level of pain in similar situations.

What is MOST important is that you tell someone you are in pain; you should not wait until the drug trolley comes round. You will be asked where your pain is and what it is like using the scale shown below. This should be done when you are resting and when deep breathing/coughing.

No Pain

Mild Pain

Moderate Pain

Severe Pain

HOW WILL WE TREAT YOUR PAIN

There are many ways of treating pain and we will try to find one that is most suitable for you.

Taken by Mouth: e.g. tablets, liquids.

Suppositories: This involves giving the pain relieving medicine via the back passage (it doesn't act as a laxative and will not make you go to the toilet).

Continuous infusions: With this method you are connected to a pump which will deliver the pain relieving medicine. It is given slowly and continuously. The nurses can adjust the rate to make sure you are comfortable. Some side effects e.g. sickness/drowsiness may happen but you will be monitored and these can be treated.

Patient Controlled analgesia (PCA): with this method you are again connected to a pump which contains the pain relieving drug, but instead you are given a special button/lever, which you can press whenever you are in pain (Must ONLY be pressed by the PATIENT). However, the pump will not let you give yourself too much medicine but makes enough available for when you need it. Side effects as above.

Epidural/Patient Controlled Epidural Analgesia (PCEA): With this a small plastic tube is inserted close to your spine by your anaesthetist. This allows continuous administration of pain relieving drugs after your operation. Temporary numbness and weakness of the legs is common while the epidural is in progress, but will stop once the epidural is stopped. Patient controlled epidural analgesia (PCEA) is a method of allowing you to administer your own pain relief. The PCEA works in the same way as a PCA (as above) in that you press the button to deliver your own pain medication.

Spinals: these provide similar pain relief to epidurals

Peripheral Nerve Blockade: provide pain relief of similar quality to epidurals but to a more localised area.

Rectus Sheath Catheters: Rectus Sheath Catheters are thin tubes inserted into your abdominal wall and are used for pain management following abdominal surgery, where the use of epidural catheters may sometimes be contraindicated. The rectus sheath catheters are inserted during surgery by the surgeon or anaesthetist under direct view or via ultrasound. The two catheters are inserted, one each side to cover the wound and will be topped up with pain medicine every 6 hours.

If you require an operation, your anaesthetist will discuss with you the details of which pain relief method is the most suitable, and any risks involved.

Acute Pain Team

WORCESTERSHIRE ROYAL HOSPITAL

Direct line: 01905 760557

Internal **extension:** 30725

Bleep: 238 (Mon to Fri, 8 - 4pm)

On call Anaesthetist (out of hours) on bleep 700

ALEXANDRA HOSPITAL, REDDITCH

Direct line: 01527 503030

Internal **extension:** 44233

Bleep: 0266 (Mon to Fri, 8 – 4pm)

On call Anaesthetist (out of hours) on bleep 0907

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.

PATIENT SATISFACTION QUESTIONNAIRE

(Please circle answer or add comments as appropriate)

MONTH:.....

- Were you asked by a member of staff if you had any pain at least once a shift e.g. during the day or overnight?

YES/NO

- Did you feel able to tell someone if you had any pain?

YES/NO

- Which of these methods did you have?

EPIDURAL/PCA/RECTUS SHEATH CATHETERS or ORAL

- Whilst you had your PCA, Epidural, or Rectus Sheath Catheters, did you feel your pain was well managed?

YES/NO/SOME OF THE TIME

- Were you satisfied with the change from PCA, Epidural, Rectus Sheath Catheters to oral analgesia?

YES/NO

If No, what happened?

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- Overall how satisfied were you with your experience whilst you were under the care of the Acute (Peri-operative) Pain Team?

Good/Borderline/Unsatisfactory

Please provide further comments, which may help us improve the service:

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PLEASE TEAR THIS PAGE OFF AND RETURN: either to a member of the Acute Pain Team or Ward Staff.