

Administration of analgesics

If possible, you will be given analgesics orally as it is the simplest and the safest form of therapy that can be continued at home, if need be. Due to pain that occurs during injection and uneven absorption, analgesics are usually not administered into muscle tissue.

Intravenous analgesics

If you are unable to take medicines orally, analgesics will be administered to you through an intravenous cannula. This is done during surgery as well as after it by means of individual injections or through an intravenous drip infusion. Medicines can also be administered intravenously with a special analgesia infusion pump that enables you to regulate the use of analgesics. An analgesia infusion pump is usually used for administering opioids. The infusion pump does not hinder your movements as it can be hung on your shoulder in a special bag.



Analgesia
infusion pump

Peripheral nerve blocks

Nerve blocks are used for anesthetizing the limbs during surgery or for postoperative pain management. The local anesthetic is administered close to the nerves. The procedure can be done in a conscious as well as an unconscious (anaesthetised) patient. When conscious, a short-termed pricking sensation can be felt in the limb during the administration of medicine. The onset of action and its duration depend

on the patient and the drug administered. After the occurrence of numbness, the limb becomes warm, numb and immobilised for several hours.

Pain management through epidural catheter

An epidural catheter is a thin plastic tube that an anaesthesiologist inserts into your spinal canal before operation, usually into the lumbar or thoracic region. The procedure is performed under local anaesthesia. An opioid or a local anaesthetic is administered constantly into the epidural catheter with an automatic syringe or an analgesia infusion pump.

Satisfactory pain management is possible only with your cooperation!

The North Estonia Medical Centre aims to be environmentally sustainable. Instead of taking a leaflet, you can find the same patient guidelines here:



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Postoperative pain management



Pain is a normal physiological reaction of the body to tissue damage (operation, trauma, etc.) that subsides once the damaging effect is eliminated or the damage healed.

Severe pain, if left untreated, worsens recuperation and contributes to complications. For this reason, it is crucial to subside acute pain quickly and effectively.

Principles of pain management

- The intensity and nature of pain need to be consistently assessed.
- Analgesics need to be given, preferably orally.
- therapy is prescribed individually and stepwise.
- Analgesics need to be given regularly, after a certain period of time.
- Pain needs to be prevented. Preoperative pain management decreases the need for analgesics postoperatively.
- To attain the best analgesic effect and the least side effects different analgesics need to be combined.

Pain assessment

Pain is an individual and subjective feeling. Pain that occurs after a similar operation in different people can be experienced very differently. Your pain will be assessed regularly. To assess the intensity of pain, a numbered pain scale is used, where 0 represents the absence of pain and 10 expresses unbearable pain.

To choose appropriate pain management please tell your doctor and nurse about the medicines you use daily and whether any of them have caused side effects.

Do not let yourself suffer from pain! The sooner your pain gets under control, the more quickly you will recover from your operation.

	0	1	2	3	4	5	6	7	8	9	10
Verbal Descriptor Scale	Absence of pain		Weak pain		Moderate pain		Moderate pain		Strong pain		Unbearable pain
Wong-Baker Faces Pain Rating Scale											
Intensity Tolerance Scale	Pain is absent		Pain can be ignored		It disturbs whilst performing tasks		It disturbs whilst concentrating		It disturbs whilst performing main tasks		Lying in bed

Pain scale

Frequently used analgesics (active substances)

Paracetamol – antipyretic and analgesic effect; it is preferred when the pain is mild or moderate, especially in children. In pain management a higher dose is used than in antipyretic treatment; in adults usually 1 gram 3–4 times a day. If overdosed, the medicine causes severe liver damage. The danger of overdosing also occurs if you use different medicines that contain paracetamol at the same time (e.g. Coldrex, Efferalgan, Fervex, Panadol, Solpadeine, Tylenol, Theraflu, etc.).

Ibuprofen, ketoprofen, dexketoprofen, lornoxicam, etoricoxib – these are non-steroidal anti-inflammatory drugs (NSAIDs) of moderate analgesic, antipyretic and anti-inflammatory effect. They are used in the management of pain and different inflammatory conditions. Possible side effects are failure to the gastrointestinal tract (incl. gastric and small intestinal ulcers), kidney damage and complications of the cardiovascular sys-

tem (incl. myocardial infarction). If you have had a peptic ulcer, bleeding, asthma, a kidney or heart disease, please inform your nurse or doctor about it. **NB! NSAIDs should not be combined mutually.**

Tramadol, codeine, morphine, oxycodone – opioids with excellent analgesic effects and of different strengths. The main side effects are nausea, vomiting, constipation, dizziness and itching. Side effects usually occur at the beginning of therapy. If overdosed, a serious side effect is a breathing disorder. The risk of developing addiction to opioids when used in acute pain is negligible.

Supplementing medicines, e.g. antidepressants, anti-epileptic drugs (incl. carbamazepine, gabapentin) – these may be indicated in certain cases (specific types of pain).