

# the alex

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## Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

We thank Great Ormond Street Hospital for Children NHS Trust for their kind permission to adapt patient literature.

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If you do not understand this leaflet, we can arrange for an interpreter.

إذا كنت لا تستطيع فهم محتويات هذه النشرة فيمكننا عمل الترتيبات لتوفير مترجم شفوي لك.

এই প্রচারপুস্তিকাটি যদি আপনি বুঝতে না পারেন, তবে আপনার জন্য আমরা একজন অনুবাদকের ব্যবস্থা করে দিতে পারি।

如你不明白本單張的內容，我們可安排口譯員服務。

如你不明白本傳單的內容，我們可安排口譯員服務。

اگر مندرجات این جزوه را نمی‌فهمید، ما می‌توانیم مترجم در اختیارتان بگذاریم.

Jeśli masz trudności w zrozumieniu tej ulotki, możemy zorganizować tłumacza.



# the alex

**Pain management**  
for your child after surgery

## Information for families



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This leaflet aims to give you information about **pain relief** for your child after their operation. It outlines the options available, any side effects they may have, and how you can be involved in your child's pain management.

### Before your child's operation

At your child's pre-operative assessment, the nurse will introduce the possible options of post-operative pain relief. The options available will depend on your child's medical condition and on the type of surgery to be undertaken.

### Who/what is the pain control service?

It is a specialist team of nurses, anaesthetists and pharmacists who help the ward nurses manage your child's pain. The team gives advice on various methods of pain relief and, in particular, looks after children with PCA (Patient Controlled Analgesia), NCA (Nurse Controlled Analgesia) or an epidural, to see they are comfortable.



## Pain management after surgery Information for families

### What is Patient Controlled Analgesia?

This allows your child to have control over their pain. The system works by allowing your child to give him/herself extra medicine when it hurts. A special machine containing a syringe of medicine (usually morphine) is attached to a cannula or 'drip', which is a small plastic tube, into a vein. A handset is attached to the machine, which is programmed to deliver a safe dose of morphine (a bolus) when the button on the handset is pressed.

There is sometimes a small amount of morphine going in continuously. If your child is sore, he/she can press the buttons without having to ask the nurse. It takes about five to ten minutes to work and if your child is still sore after this time, he/she can press it again.

If your child is about to move or have any procedure done, it is a good idea for them to press the button about five minutes beforehand to make it less painful. It is important that **only your child presses the button**. This is a safety mechanism so that if they become sleepy from pressing the button a lot, they will stop using it.

### What is Nurse Controlled Analgesia?

This is similar to a PCA but is adapted for young children or those unable to use the button themselves, so that only the nurse presses the button for them. It is important that **only the nurse presses the button** as he/she has to assess your child before doing so.

A bolus can be given if your child is in pain, or about five to ten minutes before movement. The nurse can press the button up to three times in one hour, which is fewer times than with the PCA, so there is usually more morphine going in continuously.



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### What is an epidural?

The epidural space is an area in the back close to the nerves supplying the area of surgery. While your child is asleep under general anaesthetic, a very small plastic tube (catheter) is inserted into this space. This allows medicine to be infused to take away the pain after surgery.

The medicine used is a local anaesthetic, which numbs the area of surgery, and is usually mixed with a small amount of Fentanyl (which is a strong painkiller). This is infused continuously through the epidural, starting during surgery, to ensure your child is comfortable the whole time. This will continue for one to two days depending on type of surgery.

While the epidural is running, your child's legs may feel 'heavy' and possibly difficult to move. Usually they will still be able to move about in the bed, and because the area of surgery is made numb, this movement should not cause too much discomfort.

Removing the epidural is not a painful procedure but it may be uncomfortable when the tape holding the catheter in place is taken off.

### When are a PCA/NCA/epidural used?

They are used after surgery that your medical team knows could be particularly painful and will require strong pain relief. Giving medicines into a vein or into the back is the best way to achieve the level of pain relief needed. Also, some children are not allowed to drink/eat for a few days after their operation and so need another way to receive painkillers.



## Pain management after surgery

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### Are there any risks involved?

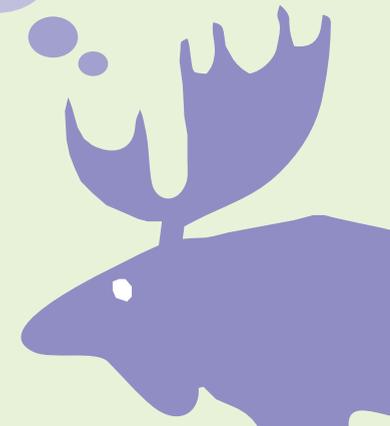
PCAs and NCAs are set up specifically for your child according to their age and weight. Regardless of how many times the button is pressed, the machine will only allow one bolus dose to be given within a certain period of time. This is called a 'lockout', and once the set time has elapsed, another bolus can be given. These features ensure that this is a very safe way of receiving morphine for pain relief.

In some circumstances, an epidural is the best way of achieving pain relief. All epidurals are inserted under general anaesthetic by an experienced anaesthetist. Occasionally, due to technical problems, they fail to achieve the pain relief the team would like.

If this happens, the team will discuss with you another regime for your child.

If you have any questions about epidurals, please ask your child's anaesthetist.

If you have any questions, please contact your child's ward nurse.



## Pain management after surgery Information for families

### What is morphine?

Morphine is a strong painkiller and has been used successfully and safely for many years. Parents may feel nervous about the use of morphine in case of 'overdose'. The amount of morphine given to your child is carefully calculated for their age and weight. The 'lockout' feature and maximum limit programmed into the pump ensure that your child receives morphine safely.

Another worry you may have is that your child may become 'addicted'. Children in pain after surgery do not become addicted to morphine. If they are on high doses for a prolonged period (i.e. a week or more), their bodies may become used to the morphine, which is managed by reducing their dose slowly. Morphine used for pain relief rarely causes problems.

### Are there any side effects?

Morphine can make some children feel sick or itchy. There are medicines your child can have to help stop this happening, and sometimes the nurse may reduce the morphine dose. Morphine

can make some children feel drowsy and so the team may reduce the dose then too.

Morphine may cause constipation, there are medicines that can be given to help prevent this.

### What if my child is still in pain?

The ward nurses will assess each hour how effective the pain relief is. As well as being given morphine, your child will also be given other milder pain relief regularly. This will be either by mouth or by suppository (into the bottom) if they are 'nil by mouth'. Both types work on pain in a different way and giving a combination means that your child will have the best possible pain relief.

If this is not keeping your child comfortable the nurse can contact the pain control team to come and review him/her.



## Pain management after surgery Information for families

### Frequently asked questions about post-operative pain

#### How long will my child need pain relief for?

Each child is different and the time for which pain relief is needed will depend on the type of surgery they have had. On average, most children stay on the pump for two to five days.

#### Will my child have pain when this is stopped?

Your child's infusion will not be stopped until any pain your child may still have can be controlled by medicines taken by mouth or by suppository.

#### What can I do to help my child's pain?

You play a very important part in your child's pain management. You know your child best, and so if you feel he/she is in pain, please let a nurse know. If your child has a PCA then you can encourage him/her to press the button, and if your child has an NCA or an epidural then tell the nurse. Encouragement may also be needed for your child to take the milder painkillers.

Talking to your child can often distract them from their pain, so can fun things such as massage or play. Lots of cuddles often work wonders.

If you have any questions, please contact your child's ward nurse, the anaesthetist or the pain control team.

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### What should we expect when we get home?

Your child will have been given painkillers when he or she was in the hospital, but these will wear off when you get home. We advise that you have a stock of paracetamol/Calpol® and ibuprofen at home in preparation for discharge.

Your child may therefore experience different types of pain:

#### **Pain at the site of the operation:**

We know from experience that certain operations could be particularly painful therefore we give several different types of painkillers together to prevent this and to make it better. If your child has been given a local anaesthetic injection when they were asleep, they may not have any pain to begin with, but when the local anaesthetic wears off, they could start to feel pain. The nurses will give advice about a suitable combination of painkillers.

#### **Other general pains such as sore throat or headache:**

This is common just after an operation. The pain should be mild, easily treated with

paracetamol, and go away within the first 24 hours.

### What can I do to make my child's pain better?

The hospital will advise you about what pain medicines to use. Give the pain medicines following this advice and the instructions on the bottle. Remember that after surgery:

- Painkillers should be given regularly to minimise the pain.
- Different types of painkillers work well together, for instance, paracetamol and ibuprofen can be given at the same time for the strongest effect.
- Do not wait for your child to get sore before you give painkillers.
- Giving painkillers at bedtime will help your child to sleep through the night.
- If your child is still in pain or you are concerned at the severity of pain, you should contact the hospital or your GP to get advice.



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### How can I tell if my child is in pain?

If your child is old enough, they will be able to tell you they are in pain. It is more difficult to judge in younger children, but his or her behaviour can help you. It can also be helpful to measure the pain, or ask them to measure it; this can be done using a pain scale, like the one on page 11.

### How long should I give painkillers for?

Children are not all the same about how much pain they feel. In general, you should give painkillers for as long as your child is complaining of pain or is showing signs of pain. When your child is sore, you should give the painkillers regularly. You may need to do this for several days, or as advised. After that, you should give painkillers when your child complains of pain.

### Is it alright to give my child more than one painkiller at the same time?

It is alright to give combinations of painkillers at the same time, for instance paracetamol and ibuprofen can be given together. But it is very important not to give your child different brands of the same medicine at the

same time. For example, paracetamol may be called by several different names: Calpol® and Disprol® are both brands of paracetamol made by different manufacturers and ibuprofen may be called several different names such as Nurofen for children®.

Always read the label on the medicine bottle and make sure you give the correct dose. If you are not sure about a medicine or have any questions, please contact your local pharmacist or the hospital.

### What are the possible risks and side effects?

Side effects from painkillers are not common. They are described on the piece of paper inside the medicine box from the manufacturer. It is important that you follow the instructions on the bottle and that you do not give the medicine more often than the instructions tell you to. Always tell your doctor if your child is allergic to any medicines.

You should not worry about giving your child medicines to make his or her pain less – they will not become addicted to the medicines, the medicines will not slow down healing. He or she will feel much better if they are not in pain.

## Pain management after surgery

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#### How can I assess my child's pain?

##### Faces Pain Scale

This is useful for children older than about 4 years.  
Ask your child to choose the face that best describes their pain.  
The Total Score is given below each face.



(Wong-Baker FACES Pain Rating Scale ©Mosby)

##### Numeric Scale – self report

Choose a number between 0 and 10 that best describes the pain you are feeling:



## Pain management after surgery

### Information for families

##### Pain Behaviour Scale

#### The Parents Postoperative Pain Measure (PPPM)

This scale is useful for younger children.  
Give 0 or 1 point for each item in the list below.  
And then add them together to give the Total Score.

My child's behaviour	Yes	No
	Score 1 point each	Score 0 points each
Complains more than usual?		
Cries more easily than usual?		
Plays less than usual?		
Does not do the things he/she usually does?		
Acts more worried than usual?		
Quieter than usual?		
Has less energy than usual?		
Refuses to eat?		
Eats less than usual?		
Holds the sore part of his/her body?		
Tries not to bump the sore part?		
Groans or moans more than usual?		
Wants to be close to you more often?		
Takes medicines that they usually refuse?		
<b>Total Score</b>		

(Chambers C et al. Pain 2003; 105: 437-445)

If the Total Score is 6 or more on either the Faces or PPPM scale, this means that you should give your child some painkillers.

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#### What types of pain medicines are right for my child?

There are two main types of pain medicine suitable for children: paracetamol and ibuprofen. Please remember that aspirin should not be given to children under 16 years old, unless prescribed by a doctor.

Medicine name	What is it?	Side-effects
<p><b>Paracetamol</b> Also known as the following brand names:</p> <p>Calpol Six Plus® Disprol® Infadrops® Tixymol® Tixyplus® Medinol® Panadol/sugar free</p>	<p>Paracetamol is a mild painkiller and is available under various brand names.</p> <p>It is one of the most widely used medicines in children and adults; the effects of paracetamol are short lasting and it can be given every four to six hours.</p> <p>Paracetamol works well in combination with ibuprofen. It can also be used to bring down a child's temperature.</p>	<p>Very rarely, a child may develop a rash and other reactions. If this happens, stop giving the medicine and tell your GP.</p> <p>Paracetamol can be harmful if too much is taken (overdose), so do not give more than the prescribed amount, either as a single dose, or during any 24 hour period.</p> <p>There are other types of medicines containing paracetamol, such as cold relief medicines, so it is important to count these in any doses given in a 24 hour period.</p>

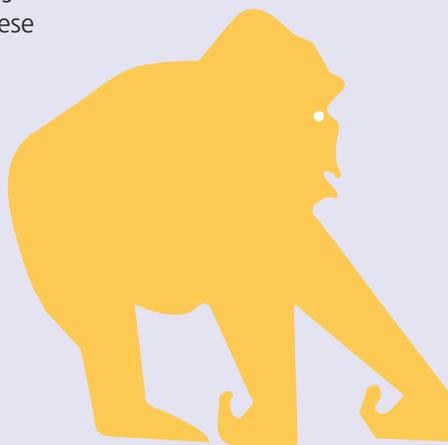
Further details about paracetamol, ibuprofen and any other medicines, are written on the package insert or you can ask your doctor, nurse or pharmacist.

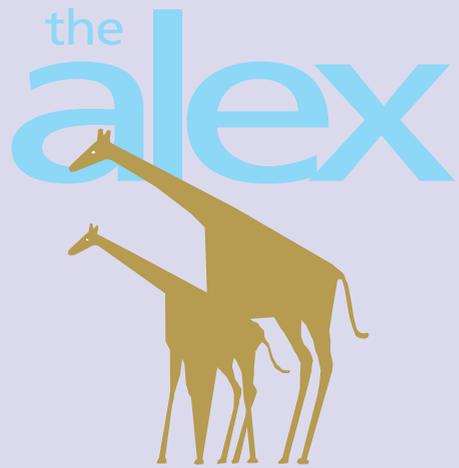
## Pain management after surgery

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Medicine name	What is it?	Side-effects
<p><b>Ibuprofen</b> Also known as the following brand names:</p> <p>Nurofen® Junifen® Brufen® Cuprofen® Advil® Fenpaed® Calprofen®</p>	<p>Ibuprofen is a painkiller that is particularly useful after operations as it reduces inflammation as well as reducing pain; it is a type of medicine called a non-steroidal anti-inflammatory drug (NSAID).</p> <p>It is available under various brand names.</p> <p>The effects of ibuprofen may last a bit longer than paracetamol, and it can be given every six to eight hours.</p> <p>Ibuprofen works well in combination with paracetamol. It can also be used to bring down a child's temperature.</p>	<p>The rare side effects of ibuprofen are slight diarrhoea or slight tummy ache therefore it should not be given on an empty stomach.</p> <p>Some children have a mild allergic reaction to ibuprofen, developing an itchy rash, unexplained wheezing, worsening of any asthma or shortness of breath. If your child shows any signs of an allergic or other reaction to ibuprofen, stop giving the medicine and tell your GP.</p> <p>Problems due to overdose of ibuprofen are rare, but if you give your child more than the recommended amount, either in a single dose or in any 24 hour period, you should contact your GP as soon as possible.</p>





**Pain management** after surgery  
 Information for families



Pain medicines for .....

To be filled in by your child's doctor, nurse or pharmacist before you go home.

Medicine name	Dose	How often it can be given	Time of last dose in hospital	Comments (eg next dose)
	Follow instructions on bottle / package			

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