

Patient Expectations for Postoperative Pain Control

OUR GOAL IS TO GET YOU TO A LEVEL OF PAIN THAT YOU FIND TOLERABLE.

THIS WILL VARY FROM PATIENT TO PATIENT.

- After any surgery, there will be some amount of discomfort. It is not possible to take all of your pain or discomfort away.
- We will work with you to control your pain and keep you as comfortable as possible.
- We do not want you to be limited in your ability to do your breathing exercises, get up out of bed (when appropriate and with help as needed), care for yourself or sleep because of pain.
- We will all work together (this includes your surgical doctors, your anesthesia doctors, your nurses, anyone else helping with your care, and you) to identify the source of your pain and find the best method of treatment for it.

WAYS TO EVALUATE YOUR PAIN

We will use a 0-10 scale (where 0 is no pain, 10 is the worst pain of your life) to measure your pain. This scale, in addition to your personal input, will help guide the treatment(s) for pain as well as your response to them.

In patients taking daily pain medications, our pain score goal may be different than a patient who does not take pain medicine every day. Your pain score after surgery will never be lower than it is on an average day. As a general guide, aiming for a pain score that is slightly higher than an average day may be a reasonable.

WAYS WE WILL TREAT YOUR PAIN

We will focus on using multiple different classes of medications and types of treatments, based on your medical history, the medications you take, your medication allergies and the type of surgery you are having.

We will use oral medicines if appropriate to help with long acting pain control.

If you are a candidate, you may receive a nerve block, nerve catheter, spinal or epidural to help with your pain. These procedures involve putting numbing medicine next to the nerves that go to the site of your surgery. This will help with your pain during surgery and afterwards for hours to days. If you are a candidate for one of these, your anesthesia provider will talk with you more about this and can answer any questions you have.

We will use opioid, or narcotic, pain medicine when needed (by mouth or through an IV), but we know from scientific studies that relying on opiates alone does not lead to the best control of pain and causes significant side effects like nausea and vomiting, constipation, sleepiness and possibly breathing problems.

UC Health has an inpatient pain service whose entire role is to help with your pain. At your surgeons request, they may participate in your care.

Other treatments like ice packs, warm compresses, and music therapy can also help control your pain. Feel free to bring your own. We will work with you to help keep you comfortable.

WHAT CAN YOU DO TO HELP?

If you take pain medicine or anxiety medicine every day, take it on the day of surgery as you normally would (unless you are specifically told not to during your preoperative evaluation).