Is IV PCA Safe?

- The pump is programmed to give you an amount of pain medicine that is safe.
 - ✓ with a safe hourly limit
 - ✓ a safe time in between doses
- These safety measures are in effect so that you cannot give yourself too much pain medicine.
- For safety reasons you, the patient are the only person who should press the PCA button because only you know how much pain you are having.

What Are the Side Effects?

- Some patients may develop nausea and vomiting after various kinds of operations or from the pain medicine. Notify your nurse if you are experiencing either of these unpleasant sensations as there are medications we can give you.
- Itching is a fairly common side effect of pain medication. Notify your nurse if you experience itching as there are medications we can give you.
- Doses are smaller and available more frequently, which helps prevent sleepiness and weakness.

How Long will IV PCA be Used?

- The pump is normally left in place for 48 hours after surgery.
- As your condition improves your pain will decrease. You will find that you press the PCA button less often as you improve.
- The dose of medicine will be decreased gradually until the pump is no longer necessary and you are able to use oral medication.

References:

Chou R, Gordon DB, de Leon-Casasola OA, Rosenberg JM, Bickler S, Brennan T et al. Guidelines on the management of postoperative pain. The Journal of Pain 2016;17(2):131-157.



Pain Management Patient Controlled Analgesia (PCA)

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Post-op Pain Management

Pain management is a priority at Royal Victoria Regional Health Centre. The doctors and nurses will work with you to provide you with an individualized pain management plan to try to keep you as comfortable as possible. It is important to note that no two people experience pain the same way.

Pain management is important as it allows you:

- to do your deep breathing and coughing,
- to participate in your care and physiotherapy.

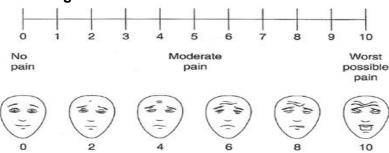
Good pain control also helps the natural healing process, decreases anxiety and increases alertness and allows you to rest as comfortably as possible.

How To Rate Your Pain:

Pain is difficult to measure and only you know how much pain you are in. You will be asked to rate your pain on a scale of 0 to 10.

• "0" means you have no pain, 5 is moderate pain and "10" is the worst pain ever.

Pain rating scale



Our goal is to keep your pain score less than 3 or at an agreed comfort score.

Balanced Pain Management

Patients will often be given medications prior to surgery. A combination of different types of pain medications are often used to provide greater pain relief.

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Advantages of Balanced Pain Management:

- Reduces the amount of pain after surgery.
- Reduces the amount of pain medication you will need.
- You will be more alert.
- You will be up walking sooner.
- You will begin eating sooner.
- Your bowel and bladder function will return to normal sooner.
- Patients recover faster and leave the hospital sooner.

Common pain relievers used in combination to treat acute pain are:

- Acetaminophen (Tylenol®)
- Non Steroidal Anti Inflammatory Drugs (NSAIDS) such as Celebrex or Naprosyn
- Opioid pain medications such as morphine, codeine, oxycodone, hydromorphone (dilaudid)
- · Long lasting medications such as Hydromorphone CR

Patient Controlled Analgesia (PCA or The Pain Pump):

This method of pain control allows **you** control over your pain management. It allows you to give yourself pain medication whenever you need it. It may be set up in the recovery room or the surgical ward as needed:

- · Pain is more consistently controlled
- PCA can help patients recover quicker

How Does it Work?

- Pain medicine will be given by a small pump through your IV line.
- You will have a PCA button that is attached to the pump. When you feel pain you can press the button.
- The medication takes about 5 to 7 minutes to be effective. If the pain has not been relieved press the PCA button again.
- Before you get up or move the pump allows you to give yourself some medication to control pain during movement.

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