

Introduction to post-operative pain management - information for patients

Affix patient's label if available

Patient Name

Hospital Number

HKID No.

Sex/ Age

Ward/ Bed

Introduction

Anaesthesiologists are involved in the pain management of patients in the post-operative period.

Almost all patients have pain in the post-operative period. Many factors would affect the intensity of pain, such as the site and size of the wound. Occasionally pain comes from other causes (e.g. bowel colic). Post-operative pain normally decreases with wound healing. Meanwhile effective pain management can reduce post-operative stress and resulted in improved coughing and sleep.

There are many methods of pain management. Some of them are oral or rectal analgesic drugs, injections, patient-controlled analgesia, intravenous infusion, spinal injection and epidural infusion. Your anaesthesiologist will discuss with you regarding the best mean of controlling your post-operative pain before the operation.

As mentioned above, there are many methods of pain management. The choice depends on your physical state, the nature of the operation, the site and size of the wound. For small wounds, infiltration of local anaesthetic agents around the wound is adequate for at least a few hours. Afterwards patient can take oral medications for ongoing pain. The usual oral medications are paracetamol, NSAIDs or opioids. If for some reasons, patient cannot resume oral feeding, post-operative pain can be managed with intramuscular or intravenous injections. Larger wound can be helped by intravenous or epidural analgesia. Drug delivery through both intravenous and epidural techniques can be fixed rate or controlled by patient using a patient-controlled analgesic pump.

Epidural analgesia uses local anesthetic drugs and opioid through a small plastic catheter inserted into your epidural space before the operation. The drugs stop the transmission of pain sensation in the spinal cord. This method is suitable for major thoracic, abdominal or lower limb operations. While patient is having spinal anaesthesia, analgesic drug can be injected at the same time for post-operative pain management.

Please be reminded that complications may happen. Some of them are mentioned at the back of this fact sheet. Most of the complications can be prevented through good communication.

Complications of post-operative management

We do not have the exact incidences of the post-operative analgesia complications in Hong Kong. The following complications are either mild but commonly encountered or rare but of serious nature.

It is necessary to reduce post-operative pain. Each method has its complications. Generally speaking, the complications are either related to the drugs, techniques employed or equipment failure. Most mild side effects and complications can be managed with simple measures.

If one method is inadequate, another technique may be employed for optimal post-operative pain management.

- The common side effects of oral analgesic such as paracetamol are nausea, vomiting and dizziness. The serious but rare complications are allergy and liver dysfunction.
- The common side effects of NSAIDs are dyspepsia, platelet dysfunction, renal impairment and hypertension. The more serious but rare complications are gastro-intestinal bleeding, allergy, and asthmatic attack.
- The common side effects of opioids are nausea, vomiting, dizziness, sweating, constipation, and itchiness. The more serious but rare complications are hypotension, respiratory depression, and allergy.
- The common side effects of local anaesthetic agents are nausea, dizziness, hypotension and tinnitus. The serious complications are convulsion, respiratory arrest and cardiac arrhythmias.
- Complications of post-operative pain management may come from the technique. The patient-controlled pump may accidentally deliver more drugs than intended.
- The complications of spinal or epidural is summarised in the "Introduction to Regional Anaesthesia" patient information sheet.

Complications may happen. Knowing about them will help you and your anaesthesiologist detect them early if they happen.

The doctor(s) have fully explained the above to me (the undersigned) which I fully understand. The doctor(s) have also answered the questions that I have asked.

Signature of Patient

Date

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手術後止痛簡介 - 病人須知**簡介**

麻醉科醫生的其中一個任務是幫病人在手術後止痛。

病人在接受手術後或多或少都會感到痛楚，痛楚多數是由傷口引起，疼痛程度會由於傷口的位置及大小而有所分別，痛楚也可以是由於其他原因引致(例如腸收縮)，疼痛程度會隨著傷口痊癒而日漸減輕，期間適當的止痛方法能有效地減輕手術後的身體損害如幫助咳痰和睡眠。

止痛方法種類有很多，例如口服或塞肛止痛藥、止痛針、病人自控止痛、注入靜脈、脊椎或硬膜外腔止痛法等，於手術前麻醉科醫生會與你討論最適合你的手術後止痛方法。

如上文所說，止痛方法有多種，包括單一止痛或混合止痛法。麻醉科醫生會視乎你的健康狀況，手術傷口的位置及大小而決定採用單一止痛方法或是混合法。通常小手術傷口不大，如果在傷口或神經組織周圍注射局部麻醉藥，已能達到止痛的效果。一些接受了沒有影響腸胃的手術的病人，可以在完成手術數小時後進食，這些病人也可以用口服止痛藥減輕痛楚。常用口服止痛藥有必理痛、消炎止痛藥及嗎啡類口服藥。如果手術後病人未能進食，止痛方法可以採用肌肉注射或靜脈注射。傷口更大的病人可以採用硬膜外腔或靜脈注射止痛法。靜脈注射或硬膜外腔止痛法又可以由醫生定量式，或讓病人利用病人自控止痛機自己調校藥物傳送的時間和份量。

硬膜外腔止痛法是將一些局部麻醉及嗎啡類止痛藥物，經過一條手術前在你的背部放入的幼小膠導管，注入腰椎部位之硬膜外腔內。令到部份神經暫時失去傳達痛楚的功能，從而達到減輕痛楚的作用。這種止痛方法適合用於施行胸腔、腹部或下肢的大手術，效果良好。止痛藥也可一次性地在脊椎麻醉時一同注射作手術後止痛。

請留意併發症的潛在可能，本單張背面列舉了部分此等併發症。如醫生和病人能坦誠溝通，大部分併發症均可避免。

手術後止痛涉及之風險

關於在香港因手術後止痛而導致併發症出現的情況，我們並無實際數字。以下所提及的是常見或嚴重的副作用及風險。

有效地減低手術後的痛楚是必需的，但各種止痛的方法有不同的風險。一般而言，風險是與藥物、傳送藥物的方法及儀器故障有關。常用的簡單方法可以減低大部分的輕微不適或副作用。

如果當初使用的止痛方法未能達到如期效果，醫生會改用其他的方法來控制手術後的痛楚。

- 常用的口服或塞肛止痛藥是必理痛，這類藥物藥性溫和，它常見的副作用是噁心、嘔吐和頭暈，而嚴重的副作用很罕見但包括過敏和肝功能受損。
- 其他的常見的止痛藥有消炎止痛藥，其副作用是胃痛甚至胃潰瘍、血小板及腎功能受損、血壓高等，嚴重的副作用是腸胃出血、過敏、哮喘病發等。
- 更強的止痛藥是嗎啡類藥物，它的常見副作用是噁心、嘔吐、頭暈、出汗、便秘、皮膚痕癢等，而嚴重的有血壓下降、呼吸受抑制及過敏等。
- 局部麻醉藥物常見的副作用是噁心、頭暈、耳鳴及血壓下降，嚴重的有抽搐、呼吸停頓及心率失調。
- 手術後止痛的風險除了來自止痛藥物本身，藥物傳送的方法也是有一定的風險，病人自控止痛機失靈時可以錯誤地供給病人過重的藥物份量。
- 脊椎或硬膜外腔止痛法的風險與硬膜外腔麻醉法相似，詳情請參閱「區域麻醉簡介」單張。

請留意併發症的潛在可能，了解更多將有助你及麻醉科醫生及早察覺能出現的問題。

上述有關麻醉的情況已由醫務人員向我解釋清楚,有關疑問亦已給予我滿意答覆。

簽署

日期