

Managing Your Pain with Patient Controlled Analgesia

Information for patients and families

Read this booklet to learn:

- What is patient controlled analgesia (PCA)
- Why it is important
- How it works
- Possible side effects



Why is it important to relieve my pain?

You will get better faster if your pain is well controlled.

Less pain means less stress on your body. Your body heals better with less stress. You can breathe deeply and cough and move more easily.

Less pain will decrease your risk of problems such as:

- infection
- trouble breathing
- muscle spasms

Your health care team will work with you to help you manage your pain. Since you know your own pain best, we will work with you to help you manage it. One way to do that is with patient-controlled analgesia (PCA).

What is patient controlled analgesia?

Medicine for pain is called analgesia. Patient controlled analgesia allows you to treat your own pain without having to wait for a nurse to give you the medicine. You give the pain medicine to yourself.

There are 4 kinds of PCA:

- 1. Oral patient controlled analgesia (oral PCA).** A small bottle is kept at your bedside which holds a single dose of oral pain medicine. You take the pain medicine when you have pain and let your nurse know when you have taken it.
- 2. Intravenous PCA.** A small tube is put in a vein in your arm. Pain medicine is delivered to your body through your veins when you press the button.
- 3. Epidural PCA.** A small tube is put in your back. Pain medicine is delivered near the nerves in your back when you press the button.
- 4. Subcutaneous PCA.** A small tube is placed in the tissue in your arm. When you press the button, pain medicine is delivered to your body by being absorbed into your tissue. This pump is portable and has a pouch that it can be put in.

You and your health care team will talk about which method is best for your pain control.

Oral PCA

How does oral PCA work?

Oral PCA) is a form of pain management that lets you control when you take your pain medicine.



How does it work?

- The nurse gives you pain medicine to keep beside your bed. You are only given 1 dose of opioid pain medicine at a time.
- Take the pain medicine when you feel pain.
- Call the nurse right away to replace your medicine once you've taken it. The nurse will bring the medicine within 30 minutes.



Do not take more than 1 dose within 2 hours.

What kind of oral PCA will I be prescribed?

Your health care team will talk to you about what they think is the best choice of pain medicine for you.

If you have taken pain medicine before, let them know what worked well or what did not work well to manage your pain.

What will I need to do?

1. Write down the time you took your pain medicine.
2. Write down how much pain you are feeling. We will give you a form to fill out which becomes part of your medical record. Rate your pain on a scale of 0 to 10, where 0 is no pain and 10 is the worst pain you can imagine.
3. Call the nurse right away to replace any pain medicine that you take.

Tell your nurse or doctor if:

- you have any side effects
- you are still feeling pain
- your pain medicine is missing

I just took my oral pain medicine. When will it start to work?

It takes about 20 to 30 minutes for you to start feeling pain relief. Your pain relief should last about 3 to 4 hours.

What are the side effects of opioid pain medicine?

Some side effects you may experience are:

- constipation
- sleepiness
- nausea (wanting to throw up)
- vomiting (throwing up)
- itching

Talk to your nurse, nurse practitioner or doctor if you have any of these side effects. They will help you to treat them.

When should I take my pain medicine?

Take your pain medicine before your pain increases beyond your comfort zone (generally if it is greater or equal to 4 out of 10 or in the moderate range).

You may want to take pain medicine before:

- you do something that brings on the pain. For example, take it before you do your physiotherapy
- breathing and coughing exercises
- you start to move or turn

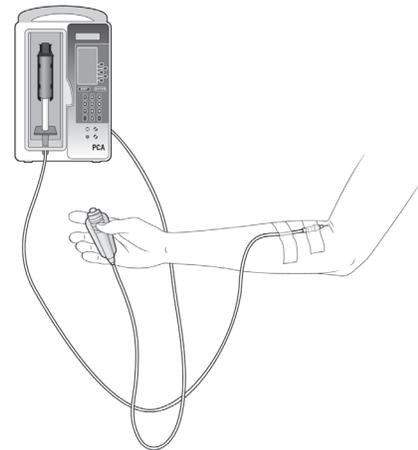
Talk to your nurse, physiotherapist, occupational therapist or a pharmacist about the best time to take your pain medicine.

Intravenous PCA

How does intravenous PCA work?

Intravenous (IV) means inside the vein. Medicine can be put into the vein in your arm through a small needle or a plastic tube called a catheter.

A PCA pump is connected to your IV in the recovery room after your surgery. The pump gives you pain medicine through your IV when you push the button. You will hear a “beep” when you press the button. This means you are receiving pain medicine (this is an opioid based pain medicine).



When should I press the button?

- When your pain just starts to become uncomfortable. Do not wait until the pain is bad.
- Before you do something that brings on the pain. For example, take it before you do your physiotherapy.
- Before breathing and coughing exercises.
- Before you start to move or turn.

The medicine will take 5 to 10 minutes to work. Press the button as often as you need to control your pain.

Can I give myself too much medicine?

It is unlikely that you will give yourself too much medicine. There are 2 functions on the PCA pump that keep you safe:

- A safety timer called a lockout. If you press the button during the lockout time, you will not receive any more medicine and you will not hear a beep. After you press the button once, you will not be able to press it again for 5 to 10 minutes.
- A limit to how much pain medicine you can receive in 4 hours. The PCA pump keeps track of how much medicine you are getting. It will not give you any medicine over a limit your doctor or nurse practitioner sets.

Your nurse and the Acute Pain Service will check on you often while you are using the PCA pump.

What are the side effects and complications?

The most common side effects are minor and easy to treat.

Some side effects are:

- nausea (wanting to throw up)
- vomiting (throw up)
- sleepiness
- finding it hard to think clearly
- slowed breathing
- itching, usually in several small areas on your body
- trouble emptying your bladder. You may have a small tube inserted to empty urine from their bladder after surgery

Epidural PCA

What is an epidural?

An epidural is a small tube placed in your back by a doctor. This is commonly used to manage pain during child birth.

How is the epidural put in?

The epidural is usually put in before your surgery. To put in the tube you have to lie on your side in a curled up position or you sit up and bend forward a little.

An anesthesiologist (the doctor who manages your pain) will clean an area on your back. Then they will numb that spot and place a needle into your back. You may feel a little discomfort or pressure when the needle is being placed into your back.

A small tube is then placed through the needle. The doctor removes the needle and tape the small tube to your back. Medicine is given through the tube to relieve your pain.

How does epidural PCA work?

A pump is attached to the epidural tubing to give you pain medicine all the time. If you need extra pain medication, you can press the button to receive it.

When should I press the button?

- When your pain just starts to become uncomfortable. Do not wait until the pain is bad.
- Before you do something that brings on the pain. For example, take it before you do your physiotherapy.
- Before breathing and coughing exercises.
- Before you start to move or turn.



The medicine will take 15 to 20 minutes to work. Press the button as often as you need to control your pain.

What are the side effects?

The most common side effects are minor and easy to treat. Some side effects are:

- numbness around where you had your surgery
- weakness or heaviness in your legs
- nausea or vomiting
- sleepiness
- slowed breathing
- itching
- having trouble emptying your bladder
 - Often patients have a small tube inserted to empty urine from their bladder after surgery. This tube will be removed once your epidural tube is taken out of your back.
- a mild drop in blood pressure
 - If your blood pressure drops you may feel nauseous or dizzy. Giving you fluids through the intravenous (IV) can treat this.
- backache
 - Although some patients get backache after an epidural, the pain doesn't usually last long.

Very rarely, an epidural may cause problems that continue even after it is taken out.

Some of these problems include:

- weak feeling in your legs
- unable to move your legs
- seizures
- heart attack

The doctor who manages your pain (anesthesiologist) will carefully check you to avoid any of these problems.



Do not do this while using the PCA:

- Do NOT let visitors, family or anyone else including health care staff, press the button. Only you should push the PCA button.
- Do NOT wait until the pain is bad before using your pain medicine.
- Do NOT use PCA when you are comfortable or sleepy.
- Do NOT use intravenous PCA for gas pain. An epidural PCA is better for this.

When is PCA started and stopped?

Both intravenous and epidural PCA are started after your surgery and are stopped when you are able to take pain medicine by mouth (pills).

Once the PCA is stopped, please ask your nurse for pain pills when you need them.

When should I ask for pain pills?

- When your pain just starts to become uncomfortable.
- Don't wait until the pain is bad.
- Before you do something that brings on the pain. For example, take it before you do your physiotherapy.
- Before breathing and coughing exercises.
- Before you start to move or turn.

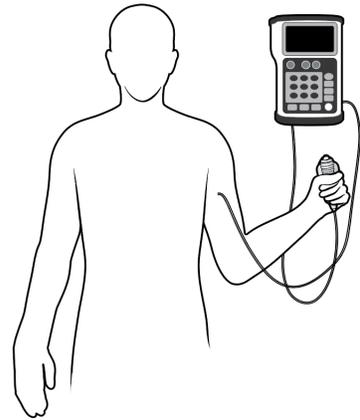
The pills will take 30 to 45 minutes to work. Ask for pain pills as often as you need to control your pain.

Subcutaneous PCA

How does subcutaneous PCA work?

Patients receiving palliative care often have portable PCA pumps called CADD. CADD stands for **C**ontinuous **A**mbulatory **D**elivery **D**evice.

The pain medicine is connected to tubing and given through a small needle. The needle is inserted under the skin (subcutaneous), usually in the upper arm. The CADD pump gives a safe amount of pain medicine all the time. You can press the button to receive more pain medicine if you need it.



What happens if I still have pain?

Tell your nurse or doctor if you still have pain. The nurses will ask you to rate your pain on a 0 to 10-point scale.

- 0 is no pain.
- 10 is the worst pain.

You can also use words such as mild, moderate or severe to describe your pain.

Can I get addicted to my pain medicine?

It is very unlikely you will become addicted to the pain medicine. About 1 in 1000 people get addicted to opioid pain medicine when they take it regularly to relieve their pain.

Use as much pain medicine as you need to keep your pain under control.

Can I overdose myself?

It is highly unlikely that you will have an overdose. You are controlling when you take the medicine.

Your health care team will control how much and what kind of medicine you take. They will make sure that you get the right dose of pain medicine. They will also check on how well the pain medicine is working for you.

Are there ways to control my pain other than taking medicine?

Along with taking medicine, here are some other things you can do:

- ✓ Apply ice packs or heat packs (be sure to follow the instructions on the package).
- ✓ Do slow, deep breathing exercises.
- ✓ Practice imagery.
- ✓ Try relaxation exercises.
- ✓ Find a distraction (like watching TV, music).

Ask your nurse or doctor if you would like to learn more about these treatments.

You and your family are an important part of the team that manages your pain.

For more information about pain management at UHN, please visit our website at: www.uhn.ca/Surgery/Anesthesia



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