



## Great Ormond Street Hospital for Children NHS Trust: Information for Families

# Pain relief for your child after surgery

**When coming into hospital, children and their families are often worried that they may be in pain and are anxious to know what will be done to prevent and relieve any discomfort. Pain relief is an important part of your child's care after an operation or procedure and it is our aim to plan for and minimise pain as far as possible. Research has shown that children whose pain is well controlled recover more quickly and have fewer lasting effects. The aim of this information sheet is to give you information about how your child's pain will be managed before, during and after their operation or procedure. This includes:**

- **The different pain relieving options available**
- **Possible side effects of any treatments used**
- **How you and your child can be involved in pain management**
- **The people involved in managing your child's pain**

**If you have any questions about pain and pain relief, please contact the Pain Control Service.**

### **The Pain Control Service**

This is a specialist team of nurses, anaesthetists and pharmacists who help the ward nurses and doctors manage your child's pain. The team provides advice on different methods of pain relief and will also visit some children on the wards if required.

### **Before your child's operation or procedure**

An anaesthetist (doctor who cares for your child while they are under anaesthetic) will visit you and your child on the ward. He or she will talk to you about the anaesthetic and also about the pain relief suitable for your child during and after the operation or procedure. If your child has had treatment before, it can be helpful to tell the anaesthetist which ways of managing your child's pain have worked well before. They may also explain more about the Pain Control Service at GOSH.



## **Pain relief during an operation or procedure**

The anaesthetist will give your child some pain relief medicine during the operation or procedure so that he or she will be comfortable when back on the ward. This pain relief gradually wears off so your child will need to continue to have pain relief medicines to reduce any pain.

## **Pain relief after an operation or procedure**

There are different pain relief medicines that might be given to your child when back on the ward, including:

### **Paracetamol**

This is a mild painkiller that is widely used in both children and adults for pain relief after surgery, as well as for other common aches and pains, such as headaches or muscle pains. It is also used to bring down a high temperature. The effects of paracetamol last between four and six hours so it should be given regularly while your child is uncomfortable. Paracetamol is available as syrup as well as tablets. It is available under various brand names including Calpol®, Disprol®, Tixymol® and Medinol®, as well as in generic form, such as a chemist or supermarket own-label.

For children who are 'nil by mouth', that is, the surgeon has requested that they do not eat or drink after the operation or procedure, it is possible for paracetamol to be given by other routes. It can be given intravenously (into a vein) through a cannula (thin, plastic tube) or as a

suppository (a small capsule inserted into the bottom).

Side effects of paracetamol are uncommon, but on rare occasions a child might develop a rash or other reaction. If a rash develops, please inform a nurse or doctor immediately.

### **Ibuprofen or diclofenac**

These medicines belong to a group called Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). They are useful in relieving pain and inflammation (swelling) after an operation or procedure and can also bring down a high temperature. They can be given three to four times a day, that is, every four to six hours. NSAIDs are available as tablets, oral liquids or soluble tablets. Brand names include: Brufen® (ibuprofen) and Voltarol® (diclofenac). Ibuprofen for children is also available in generic form, such as a chemist or supermarket own-label.

Some children with kidney problems, blood clotting problems, heart problems or asthma, may not be allowed to take this type of medicines. Your child's doctor will explain if they are unsuitable and possible alternatives.

NSAIDs can sometimes cause irritation to the stomach, leading to indigestion or feeling sick (nausea). Therefore it is usually recommended that a child has something to eat before taking them. Other side effects include mild diarrhoea or tummy ache.

### **Oral morphine**

This is a strong painkiller used for moderate to severe pain after an



operation or procedure, as well as for other types of pain. It can be given if paracetamol or NSAIDs have not been effective. Once given, it will start to work in about 30 minutes and lasts for around four hours. It can be given regularly if required or as needed. It is available in oral liquid or tablet form. Brand names include: Oramorph® or Sevredol®.

Morphine can cause sleepiness, constipation or nausea in some children. Sleepiness is most common when morphine is first taken but this becomes less of a problem. Your child's nurse can give other medicines to help with constipation or nausea if needed.

Your child may receive one or more of these medicines. As they relieve pain in different ways, giving a combination can give your child the best possible pain relief. The types of pain medicine your child has and how it is given will depend on the type of operation or procedure and his or her medical condition.

## **Other options for pain relief**

After some operations or procedures, children may require other types or routes of pain relief. This is because some operations or procedures can be more painful so require stronger pain relief, or may need your child to avoid eating and drinking for a few days afterwards. There are three main ways that children may receive these types of pain relief:

- Patient Controlled Analgesia (PCA)
- Nurse Controlled Analgesia (NCA)
- Epidural

A suitable method will have been chosen for your child, depending on his or her age, type of operation or procedure and medical condition.

Separate information sheets on PCA/ NCA and Epidurals are available – please ask your nurse for a copy.

## **How will the nurses know if my child is in pain?**

The ward nurses will regularly assess your child's level of pain to judge the effectiveness of the pain relief and guide them in planning further pain relief if needed. If he or she is old enough and able to communicate, the nurses will ask your child about the pain using a specially designed pain assessment tool. Other pain assessment tools are available for younger children and those with communication difficulties. The nurses will also ask your opinion about your child's level of pain, as you know them best.



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

Family members play a very important part in helping us to manage their children's pain. As you know your child best, we want you to tell us what pain relief has been helpful in the past and how well you think the current pain relief is working. If you are worried that your child is in pain, please let the nurses know. It is important that you encourage your child to tell you or the nurse if things are painful. We also know that persuading your child to take medicines can be difficult, so we might need your help with this. You can help by taking your child's mind off his or her pain using distraction, playing a game, or reading a book together. For more information about distraction, please ask for a copy of our information sheet. The ward play specialist may also be able to help you with this.

## **How long will my child continue to need pain relief?**

Every child is different, so the length of time pain relief is needed will vary. It also depends on the type of operation or procedure your child has had. He or she may need to carry on taking pain relief medicines after you have left GOSH, but usually only for a few days.

## **How will I manage my child's pain at home?**

Your child may be given more than one pain relief medicine such as paracetamol and ibuprofen. Different types of painkiller work well together so it is possible to give paracetamol and ibuprofen at the same time if the pain is bad. However, make sure you do not give different brands of the same medicine at the same time. See the brand names listed earlier in this information sheet or ask your pharmacist for advice. It may be useful to have some paracetamol and ibuprofen ready at home, as these will not always be provided by the ward. Please ask the ward nurses if you are unsure.

- Always give the medicines following the instructions on the bottle or packet, as advised by your doctor, nurse or pharmacist
- Use a pain assessment tool to help you decide if your child is in pain
- If the pain is bad, give pain relief medicines regularly, otherwise just give a dose when needed
- Do not wait for the pain to worsen before giving a dose of medicine
- If your child is still in pain or you are worried that the medicines are not working, please contact the ward for advice
- In general, you should continue to give your child pain relief for as long as he or she is complaining of pain

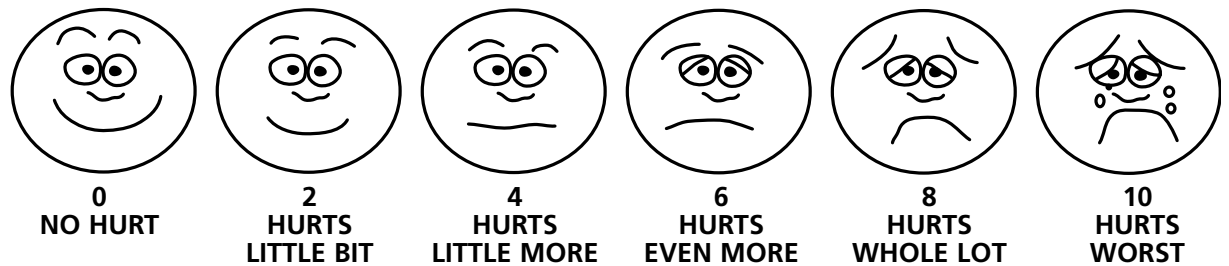


## How can I tell if my child is in pain?

You can use the same methods as the nurses used on the ward. You can use one of the scales below to help.

### Faces pain scale

This can be useful for children aged four years or older and works by your child picking the face that best describes his or her pain. It is important that your child understands that you want to know about their pain, not how upset they are.



(adapted from Wong & Baker, 1988)

### Parents Postoperative Pain Measure (PPPM)

This is useful for younger children who have difficulty describing their pain. Give your child a score of either 0 or 1 for each item on the list and then add them together to give a total score.

If the total score is 6 or more on either scale, you should think about giving your child some pain relief medicine.

If you have any questions about your child's pain, please ask the nurses on the ward, your child's anaesthetist or pharmacist, or a member of the Pain Control Service.

My child's behaviour	Yes score 1 point each	No 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?		
Looks more flushed than usual?		
Wants to be close to you more?		
Takes medicines that they usually refuse?		
<b>Total Score</b>		

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

Compiled by the Pain Control Service in collaboration with the Child and Family Information Group

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[www.goshfamilies.nhs.uk](http://www.goshfamilies.nhs.uk)

[www.childrenfirst.nhs.uk](http://www.childrenfirst.nhs.uk)