



A lifetime of specialist care

Royal Brompton & Harefield **NHS**
NHS Foundation Trust

Managing your pain after cardiac device insertion





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This leaflet is a general guide to managing your pain after cardiac device insertion. It does not replace the need for personal advice from a healthcare professional. If you have any questions, please ask your doctor or nurse.

About this leaflet

This leaflet is for people who have had a cardiac device inserted. This includes permanent pacemakers (PPM), implantable cardioverter defibrillators (ICD) or cardiac resynchronisation therapy devices (CRT-D). It supports information that you will be given by staff while you are in hospital. This leaflet will help you to:

- understand why you might have pain
- understand the different levels and types of pain
- understand why you may need pain-relieving medicines and when to take these
- know when to contact the pacing clinic or your consultant about any complications once you have left hospital.

How much pain should I expect?

The amount of pain you feel when your device is inserted will depend on the type of anaesthetic you have. If you have a general anaesthetic, you will not feel any pain during the procedure because you will be put to sleep by the anaesthetist. If you have a local anaesthetic, you will be awake during the procedure. If you experience pain during the procedure, tell your consultant or another member of staff.

Why do I have pain after the device has been inserted?

It is normal to experience some pain after the device has been inserted. It is a natural process that occurs after injury to body tissue. However, people's experience of pain may vary. It is important that you tell the nurses or doctors if you are

experiencing pain. You may need to be prescribed pain medications to take every four to six hours during your stay in hospital and after you leave hospital.

It is usual to need to take pain medication for at least a few days after your procedure. Managing your pain is an important part of your recovery and will allow you to return to your normal daily activities.

What type of pain should I expect?

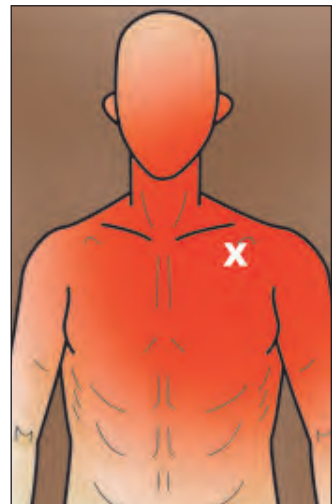
After your procedure, there may be some mild tenderness, swelling or redness around the wound and the site where the device was inserted. You may have general soreness and aching all around the site.

You may also feel pain, soreness or discomfort in your shoulder and arm on the side of your body where the device was inserted, as shown in the figure below. The 'X' is the site of the cardiac device insertion.

You may also have moderate to severe pain, bruising at the insertion site, and bruising on the arm.

After you leave hospital, pain may occur that wasn't previously there, or pain that was there could feel like it is getting worse. This is often due to you increasing the use of your arm, as well as the natural healing process of the wound and around the device. Pain may last for weeks or months after the procedure.

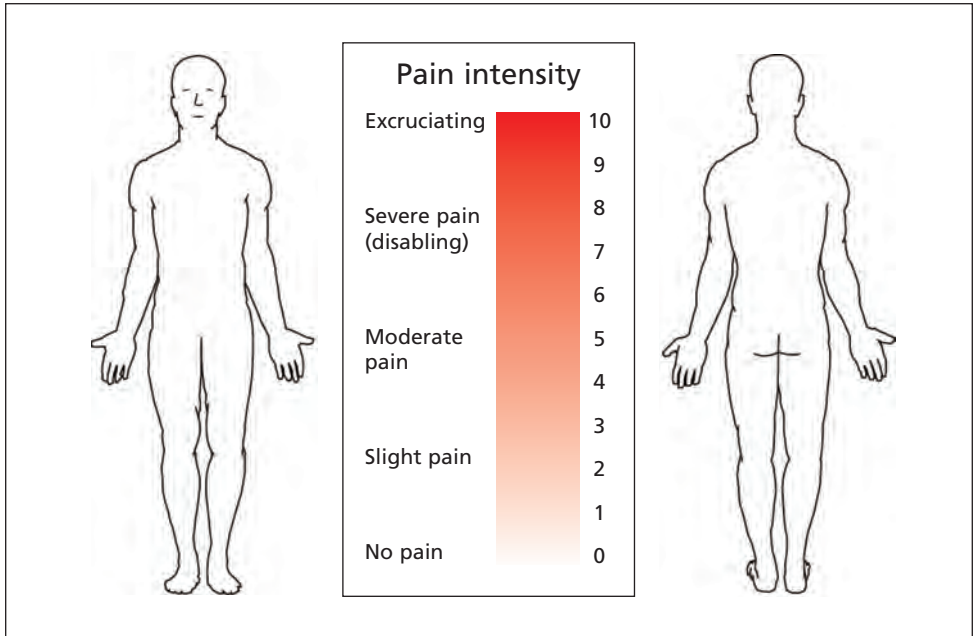
If you experience any unusual feelings like burning or shooting pain, speak to your GP. This may be nerve pain (neuropathic pain). There are specific medicines and treatments that can help treat this.



What pain medication will I receive in hospital?

Simple pain medication such as paracetamol is very effective when taken regularly during your stay in hospital. Stronger pain medicines may be given if your pain is moderate to severe, or is not being helped by paracetamol.

Please tell a nurse if you are in pain. The nurse will ask you to rate your pain as shown below:



The nurse will ask you to point out where on your body you are feeling pain. The nurse will ask you to score your pain using a number out of 10. Zero is 'no pain', increasing to 10, meaning 'excruciating pain'.

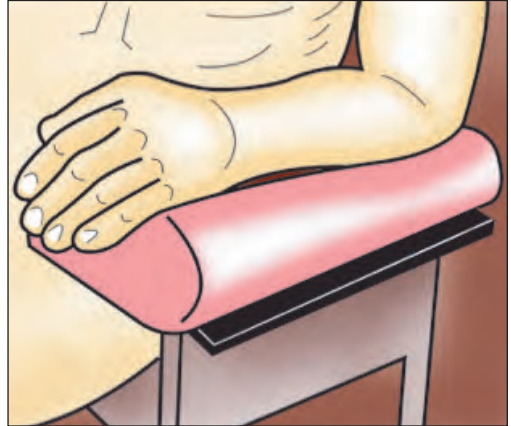
If you were already taking regular pain medication before the procedure, please bring these into hospital with you and tell the nursing and pharmacy staff. You may need additional pain medication after the device insertion.

Other ways to relieve pain

It is important that you perform gentle exercises of your shoulder and arm to make sure the joint stays flexible. Your device clinical nurse specialist will advise you about these.

It may also be helpful to:

- Support your arm in a resting position with a pillow when you are sitting in bed, in a chair or in a car (as shown in the figure), to reduce discomfort.
- Put padding (such as a rolled-up clean towel) over the area of the wound to protect it from pressure when using a car seatbelt or wearing a bra.
- Wear clothing that opens down the front to avoid having to lift the arm into the sleeve.
- Put the affected arm in first when putting clothes on.



When should I take my pain medication?

You should take the pain medication at regular times and not just when you have pain. For example, if you are prescribed pain medication to be taken four times a day, you should take it at breakfast time, lunchtime, in the early evening and before you go to bed.

Taking your medication at regular times will provide you with the best possible pain relief.

Important points about your medication

Always read the information sheet inside the medicine pack.

Do not take more than one medicine containing paracetamol at any one time. Please be aware that paracetamol is present in a number of pain medicines, such as co-dydramol and co-codamol. If you are unsure whether a medicine contains paracetamol, please ask your pharmacist or GP.

If you are taking anticoagulant medicines (blood thinning medicines), it is important that you do not take any anti-inflammatory pain relief, for example ibuprofen, diclofenac or naproxen. Combining these medicines could significantly increase the risk of bleeding. It is very important to drink plenty of fluids to keep well hydrated when on these medicines. You may be able to continue to use topical anti-inflammatory gels or creams, but confirm this with your GP.

Side effects

A common side effect of some pain medication (such as co-codamol or morphine-based pain relief) is constipation. You may need to take a laxative to soften your stools and keep your bowel function regular. Most people should take laxatives until they stop taking regular pain medication. You may be prescribed laxatives when you leave hospital. The pharmacist will explain when you need to take them. Please ask if you have any questions or are experiencing troublesome side effects while you are in hospital.

Eating foods that are high in fibre will also help with regular bowel movements. Try to eat fruit and vegetables, wholemeal cereals and bread, and beans and pulses. However, try to avoid eating large amounts of bran as this can increase the risk of constipation. Drinking water and other fluids helps to prevent constipation.

If you have any problems or concerns such as constipation, feeling sick (nausea) or vomiting, please contact your GP. Anti-sickness medication and a change of laxatives may help to relieve these problems.



Before you go home

Before you leave hospital, your nurse and a pharmacist will discuss your medication with you. They will let you know how and when to take your medication, and answer any questions you may have.

You may be prescribed pain medicines to take home with you. You and your GP will get a copy of your discharge letter. Any pain medicines that have been prescribed for you will be listed in this letter.

Managing your pain at home

How long will I need to take pain medication for?

Everyone experiences pain differently. Some people may only need pain medication for a few days after the procedure. If you have extensive bruising after your procedure you may need to continue taking pain medication for a number of weeks. If the pain carries on beyond this, please discuss this with your GP or contact the team at the hospital (see contact details in the back of this leaflet).

How much pain is normal after leaving hospital?

If you're still experiencing pain after taking your medication, please consult your GP. They will assess you and may change your pain medication if needed.

See your GP if:

- the aches and pains get worse
- you feel pain in a different area
- you feel a different type of pain.

If your pain is severe and not responding to pain medication, or if the device insertion site becomes hot, or red with or without a temperature, contact the clinical nurse specialist for cardiology/devices.

Lifestyle

Speak to your cardiologist (heart doctor) or cardiology nurse specialist about when you can return to work, driving, sexual relations, exercise and travel.

When should I stop taking my pain medication?

When you are feeling better you may not need your regular pain medications any more. The following may help you know when you are ready to reduce/stop your pain medication:

- You are almost back to a normal level of activity.
- You hardly have any pain or discomfort while resting and during exercise.
- You no longer need extra medication between your regular doses.

If you start reducing your pain medication but find that you are then feeling pain again, return to your original dose and try to reduce it slowly again after a few days.



Useful contacts

Please contact the hospital that you were treated in.

Harefield Hospital

Switchboard	01895 823 737
Clinical nurse specialist for cardiology/devices	01895 823 737 bleep 6339
Cardiology: Oak and Acorn Ward	01895 828 648 / 01895 825 667
Harefield pacing clinic direct line (Monday to Friday, 9am to 5pm)	01895 828 553
Pharmacy medicines helpline	020 7351 8901
Pain management service	01895 828 538 (direct dial)

Royal Brompton Hospital

Switchboard	020 7352 8121
Cardiology: Paul Wood Ward	020 7352 8121 extension 2500
Cardiology: York Ward	020 7352 8121 extension 2543 / 2541
Pain management service	020 7352 8121 extension 2408 or bleep 7037 or 7064
Royal Brompton pacing clinic direct line (Monday to Friday, 9am to 5pm)	020 7351 8647
Pharmacy medicines helpline	020 7351 8901

If you have any concerns about any aspect of the service you have received in hospital and feel unable to talk to those people responsible for your care, call the Patient Advice and Liaison Service (PALS):

- Royal Brompton Hospital – 020 7349 7715
- Harefield Hospital – 01895 826 572

Alternatively, email pals@rbht.nhs.uk. This is a confidential service.

Royal Brompton Hospital
Sydney Street
London
SW3 6NP
tel: 020 7352 8121
textphone: (18001) 020 7352 8121

Harefield Hospital
Hill End Road
Harefield
Middlesex
UB9 6JH
tel: 01895 823 737
textphone: (18001) 01895 823 737

Website: www.rbht.nhs.uk

إذا كنت ترغب في الحصول على ترجمة فورية لمضمون هذه الوثيقة إلى اللغة العربية، يرجى منك الاتصال بأحد مستخدمينا بجناح المصلحة التي يتم فيها استشفائك. أحد موظفينا سيسعى لترتيب إجراءات الترجمة وإتمامها في الوقت المناسب لك.

Brosurteki bilginin Türkçe tercumesi için tedavi goruyor
oldugunuz bolome bas vurunuz. Bolom personeli tercumenin
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