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

Managing your pain at home after lung surgery





Contents

Why do I need to take pain medication at home?	3
When will I receive my discharge pain medication?	3
When should I take my medication?	3
Important points about your medication	4
For how long will I need to take regular pain medication?	4
What should I do if my pain is not under control?	5
What is the most common side effect of pain medication?	5
Who should I contact if I would like to talk about the side effects?	5
How do I stop my pain medication?	6
Contact information	6
Example: reducing a morphine dose	7

This leaflet gives you general information on how to manage your pain at home after lung surgery. It does not replace the need for personal advice from a healthcare professional. Please ask us if you have any questions.

Why do I need to take pain medication at home?

Even though you are ready to leave hospital, it will still take some time to fully recover from your lung operation. It usually takes a few weeks after your operation to get

to a stage where you can return to your normal daily activities. It is easier to get to this stage if you can control your pain while recovering at home.

When will I receive my discharge pain medication?

Before you leave the ward, your nurse and the 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.

We will give you a week's

supply of medication before you leave the ward.

You will have to see your GP within the first week to get a new prescription. This is a good opportunity to talk to your GP about pain relief and ask for more advice, if needed.

When should I take my medication?

You should take the pain medication at regular times and not just when you have pain. For example, if you are prescribed painkillers that can be taken four times a day, you should take them at

breakfast time, around lunchtime, in the early evening and before you go to bed. Taking your medication at regular times will provide you with the best pain relief possible.



Important points about your medication

Always read the information sheet inside the 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 given an anti-inflammatory medication, such as ibuprofen, naproxen or diclofenac, it is important that you remember the following:

- Only take it for five days, unless prescribed otherwise.
- Drink plenty of fluids and avoid alcohol to prevent dehydration.
- Always take it with or after food.
- If you experience shortness of breath, facial swelling, unexplained bruising, stomach pains, indigestion, heartburn, blood in vomit or blood in your faeces (stools), stop taking this medication immediately and see your doctor.

For how long will I need to take regular pain medication?

Each patient is different, but we expect you will need to take regular pain medication for at least the first four weeks after you leave the hospital.

What should I do if my pain is not under control?

If you are taking painkillers regularly and your pain does not seem to be under control, please make an appointment to see your GP. He or she can discuss your pain with you and may suggest other medicines.

What is the most common side effect of pain medication?

The most common side effect of pain medication is constipation. You may need to take a medication called a laxative to soften your stools and keep your bowel functions regular. Most people should take laxatives until they stop taking regular pain medication. We will prescribe laxatives for you when you leave hospital and explain when you need to take them. Please ask if you have any questions.

Eating high fibre foods will also help with regular bowel

functions. 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 fluid helps to prevent constipation. You should aim to drink eight to 10 glasses of fluid a day.

If you have a poor appetite, you may find it hard to eat foods that are high in fibre. If you are losing weight due to your lack of appetite, contact your GP who will be able to help.

Who should I contact if I would like to talk about the side effects?

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.



How do I stop my pain medication?

Even if you are feeling better, it is important that you do not suddenly stop taking your pain medication as this may cause your pain to return. To help prevent this, you should reduce your dose gradually when you are:

- Nearly back to a normal level of activity.
- Comfortable – experiencing minimal pain or discomfort while resting and during exercise.

- No longer need extra medication between your regular doses.

It is usually best to reduce the strongest pain medication (such as tramadol, morphine or oxycodone) first. Please only reduce your medication once a week and only reduce one medicine at a time. If you start reducing your medication but find that your pain is not under control, return to your original dose and try to reduce it again after a while.

Contact information

If you have any questions, please contact the pain management team (Monday to Friday 9am to 5pm).

Harefield Hospital

01895 823 737 extension 5538 or ask for bleep 6165

Royal Brompton Hospital

0207 352 8121 extension 2408 or ask for bleep 7037

If you have 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) on:

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

You can also email pals@rbht.nhs.uk. This is a confidential service.

Example: reducing a morphine dose

Mr Smith was discharged from hospital on MST 20mg (slow release morphine) twice a day and needed 2–3 doses of oramorph (also known as sevredol or immediate release morphine) per day. Below is the plan for reducing his medication after discharge.

Week 1: MST 20mg twice a day and 2–3 doses of oramorph per day.

Week 2: MST 20mg twice a day and one oramorph dose every other day.

By week three, he is able to sleep and perform gentle exercise with only a small amount of discomfort in his wound. He no longer needs oramorph between his morning and evening MST doses and can start to reduce his MST doses as well.

Week 3: MST 20mg twice a day and no longer needs to take oramorph.

Week 4: MST 10mg twice a day.

Week 5: MST 5mg twice a day.

Week 6: No more MST.

Oramorph and MST are the strongest medications Mr Smith is taking. Therefore, he started reducing oramorph first, followed by MST. He continues to take regular paracetamol four times a day.

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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 görüyor olduğunuz bölüme bas vurunuz. Bölüm personeli tercümenin gerçekleşmesini en kısa zamanda ayarlayacaktır.

