

Hip and Knee Arthroplasty: Managing Pain After Surgery

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Managing Your Pain

You'll be asked to rate your pain on a scale of 0 to 10. On this scale, 0 is no pain and 10 is the worst possible pain. This helps your healthcare provider know if your pain medicine is working or not.

Tell your healthcare provider if:

- your medicine isn't keeping your pain at a level that's okay for you
- you're having side effects like nausea, itching, having trouble staying awake, or trouble breathing. These are common side effects that can be treated.

On the Day of Surgery

Talk to your healthcare provider about:

- any drug allergies
- any medicine you take—including vitamins, herbs, and over-the-counter medicine
- your past experiences with pain—including chronic pain, prescription pain medicine, and side effects you've had with other pain medicine

On the day of your surgery, you and your anesthesiologist will decide which type of anesthesia you'll get.

Anesthesia for Your Surgery

There are 2 types of anesthesia that you might be offered for your knee/hip surgery:

Spinal anesthetic

Spinal anesthetic is an injection of freezing medicine (local anesthetic) near the nerves in your spine. It may also include an opioid medicine. Once given, you won't be able to feel or move the lower half of your body, including your legs. Your anesthesiologist will tell you how long the freezing should last. You may also be offered medicine to make you sleepy so you won't be awake during surgery.

General anesthetic

A general anesthetic is medicine that will keep you asleep during your surgery. It's usually injected into a vein or breathed in through a mask. Your anesthesiologist will decide which type of medicine is right for you. Once you're asleep, a breathing tube will be put in your windpipe to help you breathe. When your surgery is over, your anesthesiologist will wake you and remove the breathing tube.

Anesthesia side effects

All types of anesthesia may cause side effects. For example, general anesthesia can cause nausea, vomiting, and a sore throat. Spinal anesthesia can cause bleeding, infection, bruising, or pain at the injection site. Your anesthesiologist will talk to you about side effects and risks.

In the Hospital after Surgery

We do our best to help you manage your pain, but you will have some pain after surgery, even with the pain medicine. Your pain needs to be managed well so you can do activities that help you recover, like deep breathing, coughing, exercising, getting out of bed, and walking. This helps you to get better faster and prevents problems like pneumonia and blood clots. Tell your healthcare provider if **your pain isn't okay**, or the pain is **getting worse**.

You should ask for pain medicine when your pain **first starts** or before you plan to do an activity that will cause pain (e.g., getting up to walk). **Don't wait** for the pain to get bad. Pain is harder to manage if it's at a high level.

How is pain medicine given?

You can get pain medicine in a pill, by nerve block, or through an intravenous.

Pills

If you're eating and drinking after surgery, it's good to take pain medicine in pill form. Acetaminophen, non-steroidal anti-inflammatory drugs (NSAIDs), and opioids all come in pill form.

Nerve Blocks

If you're having knee arthroplasty surgery, you may be given a nerve block in the Recovery Room—before or after your surgery. An anesthesiologist will give the medicine through a needle—like what dentists do when they numb your mouth before a filling.

A nerve block usually lasts **24 to 36 hours**. While the block is working, you won't be able to feel the area of the leg these nerves supply, but you'll be able to move the leg. You may have little or no pain during this time. If you have pain or discomfort, ask your healthcare provider for pain medicine.

When your leg is still numb from the block, be careful when you move (e.g., turn in bed, transfer into the wheelchair, walk) and when you use an ice pack on the numb leg.

Discomfort in the area where you had surgery is a sign that the block is wearing off. Ask your healthcare provider for pain medicine when you think the block is wearing off. **Don't wait until the pain is bad.** Treating your pain early makes it easier to manage.

Intravenous (IV)

If pills don't help your pain, your healthcare provider may be able to give pain medicine through your IV, which is in a vein (usually your hand or arm). Your nurse will give IV pain medicine through a small bag attached to the IV tubing. It usually takes 30 minutes for the pain medicine to start working. Opioids, corticosteroids, and NSAIDs can all be given by IV.

What types of medicines are used to manage pain?

Research shows that the best way to manage pain after surgery is by using different types of pain medicine. Non-opioids (acetaminophen, NSAIDs, corticosteroids) and opioids are different types of pain medicine.

Non-opioids

Acetaminophen

Acetaminophen (e.g., Tylenol®) is a mild pain medicine. When used with opioids, it gives better pain relief with fewer side effects than opioids alone. It may help you to need less opioid medicine. When taken as directed, acetaminophen usually doesn't cause side effects. In higher doses, it can affect the liver. Tell your healthcare provider if you have liver problems.

NSAIDs

NSAIDs like celecoxib (Celebrex®) can be used to relieve mild to moderate pain caused by swelling. Most people can take NSAID medicine, but NSAIDs are not a good choice for people with certain health problems. Tell your healthcare provider if you've ever had asthma, kidney problems, or an ulcer.

There's a limit to how much acetaminophen and NSAID medicine you should take. Your healthcare provider will keep track of this for you.

Corticosteroids

Corticosteroids (e.g., SoluMedrol®) are strong types of medicine used for pain caused by swelling. If you have a lot of pain, you might be given 1 dose of this medicine through your IV. Corticosteroids may also help with nausea.

Opioids

Opioids (narcotics) include medicine like morphine. They're usually used to manage moderate to severe pain after surgery. Opioids may have common side effects, like nausea, itchiness, constipation, and bladder problems. Most side effects can be treated, so they aren't usually a reason to stop taking the medicine. Tell your healthcare provider **right away** if you have trouble staying awake or have trouble breathing.

Some people are afraid of becoming addicted to opioids. This is not likely to happen if you use the medicine as directed for a short period of time.

If you or your family have concerns about addiction, talk to your caregiver. This fear shouldn't stop you from getting pain medicine.

Nausea

It's very common to feel sick to your stomach (nauseated) the first few days after surgery. Nausea can have many causes, like anesthesia, surgery, or pain medicine. Tell your healthcare provider if you're nauseated because there's medicine that can help.

Are there ways to manage pain without medicine?

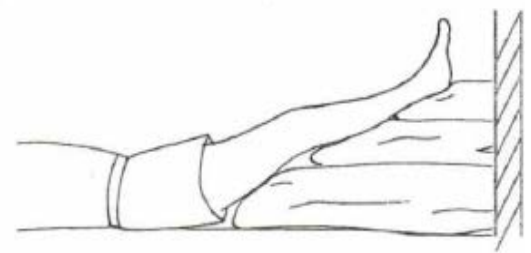
There are many alternative ways to manage pain without using pain medicine.

Cold Packs

Cold may help lessen swelling, relax the muscles, and lower your pain. When using a cold pack, keep it on for about 20 minutes, then take it off for at least 20 minutes. Heat doesn't help pain after surgery, and might even make pain and swelling worse.

Elevation

Raising your operated leg may help lessen swelling which can reduce your pain. Lie down on your back with your operated leg resting on pillows, so your foot is higher than your heart. Keep your leg as **straight** as you can. Make sure a pillow isn't under the back of your knee. Raise your operated leg this way 2 to 3 times a day for 45 minutes each time.



Relaxation Therapy

Simple relaxation exercises can make you more comfortable by calming your mind and muscles.

1. Get into a comfortable position. Breathe in slowly.
2. Breathe out slowly—feel yourself starting to relax. Feel the tension leaving your body.
3. Now breathe in and out, slowly and regularly. To help focus on your breathing:
 - Breathe in as you say silently to yourself, “in, 2, 3” or a word like “peace” or “relax”.
 - Breathe out as you say silently to yourself, “out, 2, 3” or a word like “peace” or “relax”.

Distraction

Focusing your attention on something other than the pain can make you less aware of the pain. Distraction may work well while you're waiting for the pain medicine to start working. Try these ideas:

- watch TV or a movie, read a book
- listen to music
- play a game
- sing silently to yourself

Meditation and Guided Imagery

Meditation is a way of focusing your imagination to create a calm, relaxed, and peaceful state of mind. It can also help relax your body, which may help lower your pain level.

Guided imagery is like meditation, but it uses all of your senses to create a calm, peaceful daydream. Guided imagery can help you to relax and it may help to reduce pain, worry, and stress. You can use meditation and guided imagery before, during, and after your surgery.

1. To start, make sure you're comfortable and close your eyes.
2. Let your body be still and relaxed.
3. Try these ideas on their own or together:
 - Follow your breathing. Don't worry if your mind starts to wander—just try to focus your mind on breathing and try not to think of anything else.
 - Create a peaceful place in your mind (like a beach or a garden) and explore it. Take in the sights, sounds, and smells of your peaceful place and enjoy them for as long as you want to.
 - Think of yourself as you'd like to be (e.g., healthy or without pain) or let your mind go to where the pain is. Change the first image of how the pain feels to you. For example, change heat to coolness, make the size of the pain smaller, or if the pain feels like a tight band, loosen it.
4. When you're ready to stop, take a few deep breaths, then open your eyes.

For More Information

To learn more about managing pain, pain medicine, and other ways to treat pain, go to MyHealth.Alberta.ca and enter "pain" in the search box.

For 24/7 nurse advice and general health information, call Health Link at 811.

Pain Medicine Diary

Keeping a pain medicine diary is an easy way to keep track of your pain and pain medicine. Be sure to describe your pain so that your healthcare provider knows how you are doing. If you have to call the healthcare provider about your pain, be sure to have your diary with you. Try not to hide or ignore your pain. Your caregivers can help you if they know how much pain you have. Remember to bring your pain diary to the follow-up visit with your surgeon or family doctor. The first entry (June 2) is an example of how to use this diary.

Date	Medicine	When Time taken	Pain Level/Activity		Side Effects
			Pain Score Level 0 (no pain) to 10 (worst pain possible)	Activity	
June 2	Oxycodone 2.5mg	6 p.m.	4	Watched TV	N C V S O

* *Pain Score*: Level 0 (no pain) to 10 (worst pain possible).