

## Let's Talk About...

# Surgical pain and comfort

Many children have surgeries that are painful. The amount of pain depends on the type of surgery and the child. Pain slows a child's recovery, slows the bowels, and interferes with breathing and physical therapy.

## What causes pain after an operation?

Surgical pain has different causes. Some of these causes are described below:

- Surgical cuts
- Muscle spasms or cramps from orthopedic or urology surgeries
- Bladder cramps from surgery on the bladder
- Pain or poking feelings from a tube left in the chest after surgery
- Throat irritation from a nasogastric (NG) tube
- Air or blood inside the belly or chest can be felt far from the surgical site in the shoulders and back. This is called 'referred pain.'
- Backaches or other muscle aches from lying on your back after surgery
- Gas pain after a belly operation from the bowels not working for a short time after surgery
- Muscle aches from your child's position during the operation

## What are the symptoms of pain?

Older children will say they hurt, but they may not be able to describe their pain clearly. Younger children may cry or hold very still and try not to move. Your child's appetite may be poor, and they may either sleep a lot or have problems sleeping. Pain from the surgical site tends to hurt all the time.

Cramps or spasms seem to come out of nowhere and then fade away again. You may or may not see muscles tighten. Have your child's healthcare provider explain the usual pain symptoms for your child's surgery.



## What is a pain management goal?

Your child's pain management goal is the amount of pain and comfort that lets them do what they need to do to get better.

You and your child will be asked to set a pain management goal—one that will allow you and your child to consider what activities your child needs to do to recover. A pain management goal includes goals for pain, nausea, vomiting and shivering.

Ask your medical team to help your child reach these goals. When it comes to a pain score, many parents feel their child's pain should be a 3 or 4 for them to do normal activities.

## What does my child need to do to recover?

- Your child must cough and breathe deeply to prevent complications.
- Your child must eat and drink without feeling nauseated and vomiting.
- Your child must crawl, walk, and play to keep muscle strength.

When it comes to discomfort, each child is different. Some children can take more pain than others. You know what comforts your child. Be sure the medical team knows, too.

## What can I expect while my child is in the hospital?

The hospital staff will make your child as comfortable as possible and try to keep pain medicine side effects at a minimum. Unfortunately, there are times when pain and discomfort will not completely go away. The sedation providers and nurses will do their best to make your child's experience the best it can be.

- If it's been a while since your child's last dose of medicine and you think they are starting to have more pain, tell your child's nurse. They want to prevent your child's pain from getting out of control. Pain medicine can help your child be active, depending on the sedation provider's orders.
- Having your child move around is the best way to help relieve gas pain after belly surgery. Also, the bowels wake up faster, and eating can start sooner. Moving around helps prevent back and muscle aches as well.

## How is pain treated with medication?

There are several treatments for surgical pain.

- Your child may receive pain medicine through an IV (small tube placed into a vein) the first day or two. Once your child feels well enough to eat or drink, the medicine can be given by mouth (like a pill or liquid).

- Treating pain on a regular schedule can help control it. For the first day or two, follow a regular schedule when you give your child pain medicine. It is easier to stay ahead of the pain than to catch up. Your child will also need less medicine to keep them comfortable.
- Your doctor may prescribe nonprescription medicines, including acetaminophen (Tylenol®) or anti-inflammatory medicines (Toradol® or ibuprofen).
- There are special types of pain control, including epidurals, nerve blocks, caudal analgesia, and patient-controlled analgesia pumps (PCA). Your doctor will talk to you about these, if they are needed.
- The pain service at Primary Children's Hospital provides consultation for more complicated pain. Patients can access this service 24 hours a day.

Ask your child's doctor if any of these suggestions might be right for your child. Do not worry that your child will become addicted to pain medicine. This is very rare, unless the child already has a problem with drugs or alcohol. Once the pain gets better, most children use less pain medicine. They usually do not like the way pain medicine makes them feel when they no longer need it for pain.

## What are other ways I can help my child in pain?

The first two days after the operation are usually the worst. After that, the pain usually starts to get better. There are many ways you can help your child be comfortable after surgery.

- **Language.** Acknowledge the pain. Use words that convey support, hope, love, encouragement, and understanding. Use a calm, soothing voice. Remind your child that the hurt is being treated.
- **Touch.** Holding, patting, rubbing, and stroking are examples of touch that can communicate support and comfort without words. Patting works well for infants and younger children and may remind them of comforting routines at home. Rubbing and stroking your child's back, arms, legs, or feet helps your child focus on something pleasant.

