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. The pain also 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:

- The surgical cut usually causes pain.
- Orthopedic or urology surgeries can cause painful muscle spasms or cramps.
- Bladder cramps can cause pain after surgery on the bladder.
- A tube left in the chest after surgery can cause pain. Sometimes the tube causes a poking feeling inside the chest.
- A nasogastric (NG tube) can irritate the throat.
- Air or blood inside the belly or chest is painful. Sometimes this is felt in odd places far away from the surgical site, such as in the shoulders and back (called "referred pain").
- If your child lies on his back for a few days after surgery, he may develop backaches or other muscular aches.
- When an operation is done in the belly, the bowels stop working for about two days after the surgery. The gas pain can be very severe.
- Muscle aches and other discomforts can result from the position the child had to be in 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 he 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 nurse or doctor explain to you some of 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 him to do what he needs to do to get better.

You and your child will be asked to set a pain management goal, so think about the activities he needs to be doing to recover. Set a pain management goal that lets your child to do those activities. A pain management goal includes a goal for pain and it also includes nausea and vomiting or shivering. Ask your medical team to help your child reach these goals.

What does my child need to do to recover?

- Your child needs to be able to cough and deep breathe to prevent complications.
- Your child needs to be able to eat and drink without nausea and vomiting.
- Your child needs to be able to crawl, walk, and play to keep muscle strength.

When it comes to discomfort, each child is different. Some children can take more discomfort than others. The things that comfort your child are individual to him, and you know what those things are. Be sure your medical team knows the things that comfort your child, too. When it comes to a pain score, many

parents feel their child's pain should be a three or four for their child to do normal activities.

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

You can expect your child to be made as comfortable as possible while in the hospital. The hospital staff will also try to keep side effects from pain medicine to a minimum. Unfortunately, there are times when pain and other discomforts will not completely go away. The doctors and nurses will do their best to make your child's experience the best it can be.

- If it has been a while since the last dose of medicine and you think your child is starting to have more pain, let your child's nurse know. We want to give the pain medicine then, so your child does not have the worst pain. Pain medicine can help your child be active depending on your doctor's orders.
- Moving around helps prevent back and muscle aches from lying around. 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.

How is pain treated with medication?

There are several treatments for surgical pain.

- Your child may receive pain medicine through a tiny tube placed in a vein, sometimes called an intravenous line (IV). This is usually given 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 pain. For the first day or two, follow a regular schedule when you give your child pain medicine. This will keep the pain from getting out of control. It is easier to "stay ahead" of the pain then to catch up, and your child will need less medicine to keep comfortable.
- There are some similar non-prescription medicines your child's doctor may prescribe. Examples are acetaminophen (e.g., Tylenol®) or anti-inflammatory medicines (e.g., 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. The service is available 24 hours a day for patients.
- Ask your child's doctor if any of the above suggestions might be right for your child.

Do not worry that your child would 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. Usually, they do not like the way the pain medicines make 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.
- **Cold.** Cold packs or cloths help reduce swelling and are helpful for short-term pain. Use cold with infants and small children only as directed

by your doctor. Also, be careful when you use cold if your child has nerve damage or a skin injury.

- **Heat.** You can use heat to sooth your child. In general, do not apply heat to the surgery area right after surgery. Warm compresses and warm-water bottles are soothing for achy muscles, stiff joints, and muscle spasms. You can apply heat then cold then heat etc.. to provide pain relief, relieve muscles aches, and reduce swelling. Ask your doctor about warm-water baths.
- **Child Life therapists** may be able to help your child with their pain.
- **Alternative Medicine** – examples include guided imagery, aromatherapy, and music therapy.

When should I call my child's doctor?

Call your child's doctor or speak to the nurse if:

- Your child's pain is not controlled.
- Your child is too sleepy.
- Your child is not making sense when he talks.
- Your child has a lot of vomiting or itching.
- Your child has trouble urinating (peeing).

Questions

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