



Managing Pain

After your thoracic surgery

Pain is your body's natural response to surgery. But, each person's experience with pain may be different.

This handout explains common causes of pain after thoracic surgery. It also describes the different pain treatments your doctors may prescribe for you.

You and your health care team will work together to manage your pain after your thoracic surgery. Know that:

- You will have some pain because pain is a natural response to surgery.
- Managing your pain is an important part of your recovery.
- Your health care team will ask you to rate and describe your pain many times during the day.
- You should be able to cough, breathe deeply, move, and eat without a lot of pain.
- You may still have some pain even after you take pain medicine. This is normal.
- Everyone responds differently to pain medicine.

Please tell your team about your pain as soon as it starts to bother you. This will allow them to treat it most effectively.

Where might I feel pain after thoracic surgery?

- **Surgical wound:** Skin, muscle tissue, and even bones may be handled during surgery. They can become inflamed and tender, and this can cause pain.
- **Chest tube site:** A chest tube is inserted into the space between your lung and chest wall. This can be irritating to the tissues inside your body and where the tube enters your body.
- **Shoulder:** Nerve pathways on your *diaphragm* (your breathing muscle), can send pain messages to other parts of your body, like your shoulder. The chest tube can also irritate these pathways. Another cause of shoulder pain may be from the position your body was in on the operating table during surgery.
- **Dermatome:** A *dermatome* is an area of the skin that gets its sensation from a single nerve that is deep inside the body. These nerves can be injured during surgery. The result can be numbness, burning, or shock-like feelings on your skin.

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You and your health care team will work together to manage your pain. Your team is here to support you. They need your input to help make you as comfortable as possible.

Who will prescribe my pain medicine?

Your health care provider:

- Will discuss your pain medicine options with you before surgery.
- Will carefully review possible side effects and determine which pain medicines are safe for you.
- May combine pain medicines to improve pain control with fewer side effects.
- Will make changes to your pain medicines as needed.

How might I receive pain medicine?

You and your provider will decide which of these methods are right for you:

Patient Controlled Analgesia (PCA)

This method allows **you** to give yourself *opioid* pain medicine (such as morphine) through an *intravenous* (IV) line. This gives you control over your pain. **Only you** are allowed to push the button that gives the pain medicine. To use PCA, you must be connected to an IV line and pump.

Epidural and Patient Controlled Epidural

This method delivers numbing pain medicine through a *catheter* (a long, thin tube) into your back along your spinal nerves. This is placed before or just after surgery. The medicine is delivered by a pump that you or your nurse will control. This method requires that you be connected to an epidural pump and a bladder catheter for at least 1 day.

IV Pain Medicine

IV pain medicines work faster than pain medicines that are taken orally (by mouth). You will have to ask your nurse for IV medicines when you have pain.

Oral Pain Medicine

These pain medicines last longer than IV medicines, but they take longer to start working. You will have to ask your nurse for these medicines when you have pain. You will receive a prescription for oral pain medicine when you are discharged home.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Weekdays:

Call the Surgical Specialties Clinic at 206-598-4477, 8 a.m. to 4 p.m.

Weekends, holidays, or after hours:

Call the paging operator at 206-598-6190 and ask to speak with the Thoracic Surgery Resident on call.

What are possible side effects of pain medicine?

Opioids (Morphine, Oxycodone, Hydromorphone)	
<ul style="list-style-type: none"> • Slower breathing rate • Constipation • Low blood pressure • Sedation • Sleep disturbance and unusual dreams • Confusion or mental slowness 	<ul style="list-style-type: none"> • Nausea or loss of appetite • Headaches • Visual disturbances • Itching • Problems with urination, such as retaining urine or having to urinate more often
NSAIDs (Ibuprofen, Toradol)	Non-Opioid (Acetaminophen)
<ul style="list-style-type: none"> • Nausea • Stomach pain, bleeding, or ulcers • Greater risk of bleeding • Kidney injury 	<ul style="list-style-type: none"> • Liver injury

How can I help in my recovery?

It is important for you to be involved in your own recovery. Talking with your health care team about your symptoms is the most important part of any recovery plan.

During your hospital stay:

- Tell your health care team when you have pain. Because each person has different needs, give your health care team feedback about what is working and not working as soon as possible.
- Ask for pain medicine when you first feel pain. It is normal to need more pain medicine earlier in your recovery. And, it is normal to need pain medicines several times a day.
- After taking pain medicine, you may still have some pain, but you should be able to do your coughing exercises and use your breathing tools every hour.
- You should expect to be a little more active every day, starting the day after surgery. Pain medicine will make activity easier for you. If your pain is not well-controlled, it can be hard to do the exercises that are important to your recovery.

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