

Patient Controlled Analgesia (PCA)

PCA means that you actually have control over your own pain relief. There is a machine called a PCA pump that can be used to give a small dose of a strong pain killer, such as morphine or pethidine. Usually this machine will be attached to the drip (intravenous line) in your arm.

If you are uncomfortable, you press a button and the machine will pump a small dose of the drug into this line. You can do this whenever you are uncomfortable – you do not need to tell the nurse first.

The amount of drug delivered by the machine each time you press the button, as well as other settings on the machine, will be ordered by the anaesthetist. The PCA machine will be programmed by your nurse according to these orders.

How often can I press the button?

You can press the PCA button whenever you feel uncomfortable. However, once the button has been pushed and the PCA machine has delivered the dose (this takes about one minute), the machine will lock for a preset period of time. This means that, even if you push the button within this lock time, the PCA machine will not respond. This is so that you have time to feel the effect of one dose of pain relieving drug before getting another dose.

Remember, the aim is to make yourself comfortable – it is not always possible to be completely pain free.

Who is allowed to press the PCA button?

The patient is the ONLY person allowed to press the button. Do not allow ANY hospital staff, relatives or friends to do so.

Will the pain relieving drug work immediately?

No. These drugs need to get to the brain and spinal cord and it may take five minutes or longer for the drug to work fully. However, this is still much quicker than if these drugs were given by injection into your arm or leg. If you are about to do something that you know will hurt, like coughing or moving, press the

PCA button about five minutes before doing it.

What if the pain relieving drug doesn't work?

If you are pressing the PCA button quite frequently and are still uncomfortable, tell your nurse, who will firstly check that the drip is running properly. If necessary the anaesthetist will be consulted.

Can I overdose?

PCA is probably one of the safest ways of giving strong pain killing drugs. The dose of drug that you get with each press of the button is very small, so if you were getting just a little too much you would feel sleepy. This means that you would not press the button again. Your nurse would also notice this and, if necessary, treat the sleepiness.

The amount of pain relieving drug that is needed varies greatly between patients so it is not unusual to have to make alterations to the dose.

Can I get addicted?

When drugs like morphine and pethidine are used to treat acute pain like the pain after operations or accidents, the risk of addiction is negligible. It is very important *not* to let the fear of addiction stop you from using enough of the drugs to be comfortable, or to stop you from moving or coughing.

Will I feel nauseated or vomit?

There are many reasons for feeling sick after operations – drugs like morphine and pethidine are only one possible cause. Whatever the cause, you will be ordered other drugs called *antiemetics* that can help counteract the nausea or vomiting. If one of these drugs doesn't work, your nurse will try another. If the morphine or pethidine does seem to be causing the problem, or at least making it worse, it is often because the dose of the drug is a little high.

There doesn't seem to be a great difference between these two drugs and for this reason, we will often decrease the dose that you get from each press of the PCA button, or increase the time the PCA machine takes to

deliver the drug. Occasionally, it may help to change the drug.

For how long will I use PCA?

Normally PCA will continue while you have your drip in. When your doctors allow you to drink it means that the drip may soon be removed. The PCA will usually stop at this time but you will be ordered other pain relieving drugs should you need them.

Commonly, these pain killers will be tablets. The type and number of tablets will depend on how much pain relieving drug you used with the PCA.

Epidural Analgesia

You may already know about epidural analgesia as it is a method often used to treat pain during childbirth. This same technique can also be used to treat pain after some operations and accidents. Most pain relieving drugs work by acting on the brain and spinal cord and they are carried there in the blood stream. With an epidural, the use of a very small plastic tube means that these drugs can be placed close to the spinal nerves so that the drugs can act directly on them and not have to travel to them in the blood stream.

This method of pain relief is one of the best available, but it is not necessary after all operations or accidents. If you have an epidural for pain relief it will be put in by your anaesthetist, who will explain the procedure to you beforehand.

What pain relieving drugs are used with an epidural?

Two types of drugs are used – drugs like morphine and pethidine or drugs called local anaesthetics.

What if the epidural doesn't work?

If you are uncomfortable tell your nurse who will check the epidural and can increase the amount of drug that you are getting. If necessary, the anaesthetist will also be contacted.

Will my legs feel numb, weak or heavy?

If you are having an operation, the epidural will often be used as part of the anaesthetic as well as for pain relief afterwards. A strong local anaesthetic drug may be given during the operation, so immediately after the

operation your legs may feel numb and heavy. This will wear off in a few hours.

The drugs that we use for pain relief in an epidural after the operation will not be strong, so your legs should feel more normal. If they do not, let your nurse know. The aim is to keep you comfortable but still able to move around in bed, sit out of bed and even walk, if your doctor allows it.

Will my legs be numb, weak or heavy when I leave hospital?

No. In the unlikely event that you have gone home and notice persistent tingling, numbness, heaviness or weakness in your legs, have trouble passing urine, or have pain in your back that is getting worse, you should tell your doctor immediately.

Should you have any questions, please ask your anaesthetist or nursing staff.

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