








KEY	
	Bus Stop Centro / WM
	Shuttle Bus Stop* (Pick-up and drop off 7am to 7pm)
	Hospital Entrance
	Disabled Entrance
	Disabled Parking
	Parking
	Railway Station

\*The Q-Park Shuttle Bus is a free service and is available from various locations around the QE site to transport patients and visitors to the main QE hospital, BWH hospital and QEP hospital buildings

Author:  
**Pam Snell**  
Acute Pain Sister

Birmingham Women's   
NHS Foundation Trust

Edgbaston, Birmingham B15 2TG  
Tel: 0121 472 1377 Fax: 0121 627 2602

# *Pain Control after the Removal of Fibroids (Myomectomy) or an Ovarian Cyst*

## Pain control after removal of fibroids or an ovarian cyst

Most women find that coming into hospital for an operation is a stressful experience. One of the things that they're often most worried about is the amount of pain that they'll have afterwards.

Although we can't say *exactly* how you'll feel, many women have told us that the kind of pain they get is more like a dull ache and discomfort than a sharp pain.

We've also found that even after the same operation, no two women have the same amount of discomfort or need the same number of painkillers. In other words, pain is a very individual thing.

But although everyone's experience of having an operation is different, there are certain similarities as well. This leaflet tells you about the sort of pain you might feel after your myomectomy or the removal of an ovarian cyst and the different types of painkillers we can give you to help you feel more comfortable.

### What sort of pain will I have?

As you'd expect, the first 24 - 48 hours after your operation is usually the most uncomfortable time. The discomfort is mainly in your tummy and, particularly if you've had a myomectomy, many women describe it as being like a bad period pain. After either operation, it's not unusual to find that one side of the tummy hurts more than the other. Why this should be, nobody really knows.

After the 1st day, the pain is more like a dull ache, again, rather like a period pain. By the 2nd or 3rd day, your tummy will be feeling much better although it'll still be a bit tender. By the 4th day, you should be feeling much more comfortable.

Other women find it helpful to consciously relax some of those muscles that tense up very quickly when we're anxious, the muscles around the back of the neck, across the shoulders and down into the small of the back.

We're all here to try and make your time in hospital as comfortable and as pleasant as possible, so if you have any other questions or worries about your pain relief, then please discuss them with the anaesthetist or ward nurse or ask to speak to the Acute Pain Sister.

**Pam Snell**  
*Acute Pain Sister*  
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By the 2nd or 3rd day, some women find that the biggest problem is wind pain and this can be really quite sharp. Peppermint water sometimes helps and we keep a supply of it on the ward. Gripe water or tablets like 'Windcheaters' also help but you'd have to bring those in with you.

It's about this time too, that you might find yourself feeling a bit tearful or emotional. If you do, it's a very normal reaction and there's nothing wrong with having a good cry if that's how you feel.

## Going home

By the time you're ready to go home your tummy will be feeling much better, but every now and again it might still be a bit tender, particularly when you're tired. You'll be given some painkillers to take home with you and you'll probably find that you need to take them for anything up to a fortnight after your operation.

Finally, once you're at home, and if, in the unlikely event that your pain doesn't seem to be getting any better, then please contact either your family doctor or ring up the hospital and speak to one of the ward nurses.

## Relaxation

As we said at the beginning, coming into hospital is often a stressful experience. Pain, the fear of pain and anxiety are all unpleasant feelings and can make the experience of coming into hospital that much worse.

If you feel particularly anxious and you think that a sleeping tablet the night before your operation would help, then please discuss this with the ward doctor. If you think you'd like a premed - a tablet to help you relax before your operation, then please discuss this with the anaesthetist.

But drugs are not the only way of dealing with stress. Some women find it helpful to think about their breathing. So if you find yourself taking short, shallow breaths try to make your breathing a bit slower and deeper.

## How will my pain be treated?

There are 3 different types of painkillers we can give you.

**The first type** is morphine. This is a strong painkiller and you'll need it for anything up to 48 hours after your operation.

Some women worry about becoming addicted to morphine. This is very unlikely to happen and you'll find that as the pain and discomfort get better you just won't need it anymore.

**The second type** is an aspirin-like drug called diclofenac (also called Voltarol). This is suitable for mild to moderate pain or discomfort. It's better to take it regularly (1 tablet 3 times a day) for the first few days. After this, many people find that 1 tablet twice a day for a couple of days and then 1 tablet in the morning or evening is usually enough.

Not everyone can take diclofenac. If you're one of those women, we usually give codeine instead.

**The third type** is paracetamol. This is suitable for mild to moderate pain or discomfort and you can take it even if you're having diclofenac.

**Please remember, this is only a guide and within the prescribed limits, there are no right or wrong amounts of painkillers to take. The most important thing is that you have what is right for you.**

## How will the morphine be given?

### 1. By PCA (Patient-controlled analgesia)

PCA means that you can give yourself some morphine when you need it by pressing a button. The PCA pump is set up so that you can't overdose yourself. There's a separate leaflet that tells you about PCA in more detail.

## How will the morphine be given? Cont/d...

### 2. By continuous infusion

Continuous infusion means that there is a special pump set up to give you a very small amount of morphine all the time into the back of your hand. So as to make sure that you're having the right amount for you, the nurse will check you regularly and ask how your tummy feels. If you're comfortable or feeling very sleepy, she can turn the pump down. If you're uncomfortable, she can turn it up.

### 3. By an injection

Morphine is only very occasionally given by injection, it's unlikely that this will happen to you.

### 4. By mouth

An easy way of having morphine is in a liquid form that you take by mouth. Unfortunately it doesn't taste very nice!

### 5. By suppository

If you agree to it, morphine is sometimes given this way.

## Are there any side effects to morphine?

- It can often make you feel sleepy so it's quite normal to have extra oxygen whilst you've got the PCA or infusion.
- It can sometimes make you feel a bit itchy or 'spaced out'.
- It can also make you feel sick. If this happens, please tell the nurse so that we can treat it.

If you've felt sick or been sick after operations in the past, please tell the anaesthetist, as it may be possible to give you extra drugs to treat this.

## The recovery room

After your operation, you'll wake up in the recovery room. If you're in pain, please do tell us, because it's important that you feel comfortable before you go back to the ward.

If you have PCA, the nurse will give you the button to hold and you can press it whenever you have any pain. If you have the infusion, the painkiller will be going in without you having to do anything.

If you're having morphine injections, this will be given to you before you leave recovery.

## The ward

When you get back to the ward you should be feeling fairly comfortable and you'll probably feel quite sleepy as well. Many women find the night after their operation is rather disturbed because the nurses who'll be looking after you, will be making regular checks on you.

We'll also be asking you how you feel. We want your tummy to be comfortable not just when you're lying still but when you gently move. So it's important that you tell us if *moving* makes you feel uncomfortable.

The next day, you'll be able to sit out of bed for a short while. It might sound rather cruel to get you up and about so soon after your operation, but we know that it helps to stop a number of complications.

It's also likely that the Acute Pain Sister will come and see you the day after your operation and ask you about your pain and whether you're having enough painkillers.

By the 2nd day, it's likely that you'll be able to get up for your meals, that you'll be sitting out of bed and generally feeling more like yourself again. But remember, it's important to have enough rest as well. By the 3rd day, you'll be feeling much better.