



Ref 73/06/2010 Review 06/2013

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Pain Control after Abdominal or Vaginal Hysterectomy, Repair or Removal of Ovaries

Pain control after abdominal or vaginal hysterectomy, repair or removal of ovaries

Most people find that coming into hospital for an operation is a stressful experience. One of the things that they're most often 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 after a hysterectomy 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 amount of painkillers. In other words, pain is a very individual thing.

But although everyone's experience of having an operation is different, there're certain similarities as well. This leaflet tells you about the sort of pain you might feel after your abdominal (done through the tummy) or vaginal (done from down below) hysterectomy, repair or removal of ovaries 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 hours after your operation is the most uncomfortable time. The discomfort, particularly after an abdominal hysterectomy or removal of the ovaries, is mainly in your tummy and many people describe it as being like a bad period pain. It's not unusual to find that one side of the tummy hurts more than the other. Why this should be, nobody really knows.

The pain after a vaginal hysterectomy is more like a tenderness down below so that sitting on a hard chair, particularly if you've had a repair done, can be rather uncomfortable for a day or two. On the day after your operation, the pain is more like a dull ache, again, rather like a period pain.

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 and you'll be given some painkillers to take home with you. 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're feeling particularly anxious and 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 people 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.

Other people 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.

After a hysterectomy or removal of ovaries

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.

By the 2nd day, it's likely that you'll be getting 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.

By the 2nd or 3rd day, many people 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.

After a repair

A repair on its own is not as big an operation as a hysterectomy so you'll find that whilst you might be a bit uncomfortable for the first day or so, you'll be up and about and ready to go home sooner than if you'd had a hysterectomy.

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.

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 people 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 people, 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.

This is the most common way of giving morphine after a hysterectomy or removal of ovaries and there's a separate leaflet that tells you about PCA in more detail.

2. By injection

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

3. 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!

4. 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 have PCA, the nurse will give you the button to hold and you can press it whenever you have any pain.

If you are not having PCA then we can give you morphine by injection, by mouth or by suppository.

The ward

When you get back to the ward you should be feeling fairly comfortable and you'll probably be quite sleepy as well. Many people 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.