

## **Pain control after your joint replacement surgery**

---

Pain control (after surgery) is a concern for many people coming into the hospital for joint replacement surgery. Analgesia is another word for pain relief. Good pain control is important and necessary for a speedy recovery and rehabilitation after surgery. There are many different options for pain control. This pamphlet will discuss the options of pain control that will be offered to you.

You may need a combination of these options to achieve the best pain control. The pain control options that you will be offered will depend on the type of surgery you are having, other medical problems you may have as well as the Anesthesiologist's choice.

Once the options are explained to you, you may then be asked to repeat what was said so that you feel comfortable with the choice.

---

## **Analgesia pills**

There are several different types of pain pills.

These include:

- acetaminophen: Tylenol
- anti-inflammatories: Ibuprofen, Naproxin and Ketorolac
- opioids: Codeine, Morphine, Hydromorphone and Oxycodone
- anticonvulsants: Gabapentin

Combinations of these pills are often taken together in order to get good pain control. This way you can get the best pain relief with the least amount of drug side-effects.

## **Epidural analgesia**

A separate booklet that describes the details of epidural analgesia will be provided.

When you have an epidural, pain medication is put through a long, thin tube into a small space between the bones of your back. The medication blocks the pain.

## **Patient Controlled Analgesia (PCA)**

A separate booklet that describes the details of PCA will be provided.

With PCA, you use an intravenous (IV) pump to give yourself medicine to control and relieve pain.

---

## Nerve blocks

### What is a nerve block?

A nerve block is an injection of local anesthetic also known as freezing medicine. This medicine makes the area numb and pain free. Nerve blocks work well for joint replacement surgery. The Anesthesiologist can 'block' the part of your arm or leg where you are having your surgery.

Nerve blocks reduce the amount of other strong pain medication, such as morphine or hydromorphone, that is needed after surgery. Your pain control will be much better than without the nerve block.

### How is a nerve block placed?

A small amount of local anesthetic or freezing medicine will be placed in the skin in the area where the block will be placed.

This may sting briefly. A needle is inserted to help the Anesthesiologist find the correct nerve to block. This needle is connected to a small electrical current. It will make your arm or leg twitch, but it will not hurt.

Sometimes an ultrasound machine is used to help find the nerve as well. This is not painful. After the correct nerve is located, freezing medicine is injected through the needle. This may feel warm or tingly, and your arm or leg will start to feel heavy. You may receive just one injection of the freezing medicine, or a tiny tube may be left in place to give more pain medicine after the surgery. The tube or catheter is called a 'continuous block'.

### Is a nerve block safe?

As with all medical procedures there are risks. Serious complications are extremely rare. Less than 1 in 100 patients have 'pins and needles' for several weeks. Permanent nerve injury is extremely rare. It is very uncommon to have an allergy to local anesthetic, freezing medicine.

Very rarely local anesthetic may be injected into the bloodstream. This can cause ringing in your ears, and a metallic taste in your mouth. It is important to tell your Anesthesiologist or nurse if you experience this. You may have weakness in leg when getting out of bed. Please call for the nurse or therapist to help you until you are able to stand by yourself.

## Other pain medicine

Your doctor will prescribe pain medicine for you, which also will help with pain control. Usually a few types of medicines are combined because they work better together for good pain relief rather than just one medicine alone. It is important to let your nurse know if your pain control is working or not. Changes can be made if it is not working well for you.

Sometimes strong pain medicine can cause nausea, vomiting, itchiness or drowsiness. Please let your nurse know if you feel any of these symptoms.

## Managing your pain at home

When you are ready to go home, you will be given a prescription for pain medicine by your surgeon. Your nurse will explain the pain medicine to you and may ask about your plan for pain relief when you go home.

The goal should be that you are able to move around without too much discomfort. We recommend that you take your pain medicine regularly for the first week and as prescribed by your surgeon. Your need for pain medicine should be less each day. If the pain continues or gets worse, call your surgeon.

Make sure that you have a list of people that you may need to help you close by. This list can include: your family, friends, surgeon, family doctor, any community services, walk in clinic or emergency services.