General Management

Are you in pain? Let’s work together then!
Pain, useful or useless?

Pain is mostly an alarm: it lets us recognize when we are ill or hurt. If pain persists, though, it becomes pointless or even harmful. It delays recovery and disrupts every aspect of our life.

Adequate acute pain management reduces the risk of developing chronic pain.

Pain relief involves us all
Patients and care providers need to work together against pain. You are the expert of your own symptoms and only you can describe your pain. We have a number of ways of managing pain (see page 4).

DON'T WAIT TO SAY YOU'RE IN PAIN, HOWEVER SLIGHT IT MAY BE. THIS WILL HELP US ANTICIPATE AND ADAPT YOUR TREATMENT AS BEST AS WE CAN.

Are you in pain?

Are you worried about suffering after surgery or an examination?

Is someone close to you affected by this problem?

This leaflet is meant to inform you on how we manage pain here, and invites your comments. Do not wait to talk about your pain.

ACUTE PAIN
- Useful because it is a danger signal
- Temporary physical, psychological, social and professional effects

DOLORE CRONICO
- Pointless, even harmful
- Persistent physical, psychological, social and professional effects
- Lasts more than three to six months

Adequate acute pain management reduces the risk of developing chronic pain.
Tell us about your pain

Everyone deals with pain in their own way
How people perceive pain, and how pain manifests itself, varies from one person to another. Memories of past suffering and emotions, like fear, anger or sadness also have an effect.

On a scale of 0 to 10, how intense is your pain?
You will be often asked this question so we can adjust your treatment. We will assess your pain systematically and repeatedly – just like we take your temperature and measure your blood pressure. You can tell us how much it hurts on a scale of 0 to 10.

How can you help the healthcare team to relieve your pain?
By telling us what you feel, you are helping us tailor your care to you. This information is then written in your file. It ensures that the various professionals involved are more aware of how you are doing.

What can be done if a patient is unable to communicate?
Other tools, such as appropriate observation checklists, are available to assess young children, those in a coma or those with serious impediments to communication.
How to talk about your pain with the caregivers?

Where is it painful?
(Indicate the painful areas)

When did the pain start?

How strong is the pain?
(circle the corresponding number)

How does the pain feel?

What are the situations that influence the intensity of the pain?

What aspects of my life are affected by the pain?

Which treatment(s) have I already tried?

Date: ____________________________________________

- Pulsating
- Sparks
- Stabbing pain
- Gripping pain
- Other: __________________________________________

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain imaginable

Situations that increase it:
- Position
- Movement
- Stress
- Cold
- Heat
- Resting
- Other: __________________________________________

Situations that reduce it:
- Position
- Movement
- Stress
- Cold
- Heat
- Resting
- Other: __________________________________________

- Sleep
- Relations with friends and family
- Morale
- Work
- Other: __________________________________________

Medicinal: __________________________________________

Non-medicinal (physiotherapy, relaxation, hypnosis, etc.):

My own “tricks”:

Other: __________________________________________
Preventing pain

Limiting pain in examination/treatment
Being examined (blood test, biopsy, particular positioning, etc.) or having scheduled treatment (bandaging, insertion of a venous or urinary catheter, etc.) can be painful. This is where prevention comes in.
Please don’t hesitate to ask us anything about what your examination or treatment involves and how long it will take, including preventive treatment options.
Don’t hesitate to tell us about what happened to you in the past, your concerns or your suggestions for improving your comfort.

What about post-operative pain?
There are many ways nowadays to manage post-operative pain. Our anesthetic and surgical care teams start to treat you against pain when you are first given your anesthetic. They then adjust it constantly while you are here.

And the pain that stems from an illness?
If your back hurts or you’ve broken a bone, or you have an infection or cancer: most illnesses can be painful. We will treat what’s causing it as far as we can. But even if we still don’t know what’s causing your pain, we’ll still deal with it.

Treating pain

Tailored to suit you
Most pain is relieved satisfactorily by combining:
• drugs
• physiotherapy, massages, application of heat/cold
• techniques to deaden or stimulate the nerves
• relaxation, hypnosis
• psychotherapy
Numerous drugs exist that are capable of efficiently relieving the pain (paracetamol, anti-inflammatory drugs, opiates, etc.). The treatment depends on the cause of the pain, how bad it is and what kind of pain it is, and should take into account any previous history.

What can you do?
By participating actively in your care, you can help to relieve your pain:
• by reporting any change to the level or type of pain
• by taking treatment when you are instructed to
• by evaluating how effective treatment is, and what side effects it has
• by asking us to increase the dose if need be
• by doing relaxation exercises
• by trying to take your mind off the pain, such as with music, television, reading, games, etc.

TRUE OR FALSE?
Morphine is used only at a very advanced stage of illness.
FALSE
This drug is extremely useful for the treatment of many kinds of pain, especially after an operation.

TRUE OR FALSE?
You should wait as long as possible before taking pain killers.
FALSE
As soon as you feel pain, you should not wait. Treatment is more effective if it is taken before painful symptoms set in.

DID YOU KNOW
Studies show that effective pain management reduces postsurgical complications and helps recovery. Effective treatment must allow you to stand up, move about and breathe as comfortably as possible.

DON’T LET PAIN SET IN: TELL THE NURSING STAFF AS SOON AS YOU START TO FEEL PAIN.
When pain persists

When it gets you down
Chronic pain is very different from the acute pain that follows an illness, an accident, an examination or even an operation. The pain frequently has a serious disturbing effect on daily life and can result in mood swings.

Ways to feel better
How do you deal with pain that remains after your treatment? There are ways:

- stay in touch with your care providers to have regular check-ups, adapt treatment, get information, plan investigations, identify your available personal resources, express your concerns about the future, etc.
- find out what influences your pain or makes it worse, such as your emotional state, social and/or financial concerns, worries about your future, etc.
- by aiming, for example, at a progressive reduction in your pain rather than its complete disappearance.

Consultation about your pain
In situations where the pain is insufficiently relieved by the usual treatments, a specialized multidisciplinary team is available to examine with you the best therapeutic solution. This team intervenes at the request of your doctor. Don’t hesitate to speak to him/her about this.

TRUE OF FALSE?
If I am offered psychological support, it’s because you feel my pain is all in my head.

FALSE
Pain affects a person as a whole. Worrying can increase pain. Conversely, pain can affect your morale.

IF SOME PAIN RESISTS TREATMENT, APPROPRIATE CARE ALSO AIDS TO MITIGATE THE EFFECT ON YOUR DAILY LIFE.

Your notes and questions

To find out more

- www.chuv.ch
- www.chuv.ch/centre-antalgie
- www.pain.ch/info-patients
- www.hug-ge.ch