

Patient Controlled Analgesia (PCA)

Other formats

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Treating pain

Controlling pain after your operation is very important. Research suggests that you will experience fewer problems after your operation if your pain is well controlled. You will recover quicker and go home sooner.

Otherwise, you will find it difficult to get out of bed, walk, take deep breaths or cough. This may lead to chest infections, clots in your legs and bed sores. If you experience pain you must inform one of the nurses or doctors.

What is patient-controlled analgesia (PCA)?

PCA is a technique which allows you to administer a small amount of painkiller (usually morphine) using a machine attached to your arm; it is connected to your drip. When you press the button on the PCA machine, a small dose of the painkiller is delivered into your vein.

This means that you are in greater control of your pain, and will not have to wait for a nurse to help you.

The PCA will be set up in the recovery room after your operation, once you are comfortable. The nurses will explain how to use your PCA machine effectively.

How do I use a PCA?

If you are experiencing pain you should press your PCA button. You can do this every five minutes if required. Do not wait for the pain to become unbearable before you press the button.

Once the PCA button has been pressed the machine delivers a small dose of painkiller into your vein. It takes about five minutes for the painkiller to work.

The PCA machine will then lock. This is a safety mechanism to avoid an overdose. The PCA machine logs every time the button is pressed. This information can then be used by nurses and doctors to assess your pain.

If you are finding it hard to use your PCA, please inform the nurses. Do not allow anyone else to press the PCA button.

What are the benefits?

- You do not have to wait for someone to give you painkiller
- You can get pain-relief faster
- You will need less painkiller overall
- Fewer side-effects

Side-effects

- Nausea and sickness
- Itching
- Confusion/hallucinations/drowsiness
- Constipation
- Shallow breathing

All of these side-effects can be treated, so it is important that you inform one of the nurses or doctors if you experience any of these problems.

What if my pain is not controlled?

If your pain is not controlled, you must tell one of the nurses or doctors. You can be given additional painkillers, such as paracetamol and Diclofenac. Alternatively, your PCA settings can be altered to suit your need, either increasing or reducing the dose.

The nurses will assess your pain. If it is moderate or severe the nurses will give you additional painkillers or ask for assistance from the pain team or anaesthetist.



Wong and Baker (1988) ©

When should I use my PCA?

You should use your PCA when you have pain. It can be useful when you are having physiotherapy or having your dressings changed.

How long will I have the PCA for?

This will vary depending on your operation

- Orthopaedic surgery = two days
- Abdominal surgery = four days
- Gynaecological surgery = one-two days

You will be assessed before the PCA is stopped.

The pain team

The pain team comprises nurses who review you on a daily basis (Monday-Friday) while you are using the PCA. They ensure that you remain comfortable following surgery and will help you use your PCA appropriately. The ward nurses will contact them on your behalf.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email rduh.pals-northern@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

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