



Queen Victoria Hospital
NHS Foundation Trust

Pain relief following hand or arm surgery

Advice from the anaesthetic department



Introduction

This document provides advice to patients on:

1. Information on pain killers and how you should take them.
2. Protecting your arm or hand after axillary/regional block for hand surgery
3. What to do if you have any concerns when you go home

There are several pain killers in this leaflet, the medication you are taking home will be highlighted with a tick in the box

During an axillary block or other regional block you are given a series of local anaesthetic injections to numb your arm. The numb heavy feeling in your arm will last for between 4-24 hours. Usually it is 10-12 hours. You are highly likely to feel pain after the effects of the block has worn off. Controlling pain is an important part of your recovery. It is important you are in control of your own pain relief.

Advice on taking painkillers after surgery

We recommend strongly that you should start taking your pain killers once you get home, and definitely before you go to bed, even if your arm still feels numb with no pain. The block will eventually wear off and you will be in pain. It is better to prevent that pain, rather than to wait to treat it once it has started.

PAIN KILLERS:

Depending on your medical history, and type of operation, you will be given all or some of the following pain killers:

Paracetamol 500mg tablets

Paracetamol is effective for mild to moderate pain; it also helps other pain killers work more effectively.

□ **Paracetamol** - 500mg – 1g (1 to 2 tablets) four times a day. It is important you take no more than 2 tablets at a time and no more than 8 tablets in 24 hours.

Caution – do not take any other medication containing paracetamol (e.g. cold and flu remedies, co-codamol, co-dydramol,)

NSAID (Non-steroidal anti-inflammatory drugs) (Ibuprofen)

This type of medication reduces pain at the site of your surgery by reducing the swelling and inflammation.

They should always be swallowed whole just after food.

This medication may be unsuitable if you have stomach ulcers, gastritis, are taking low dose aspirin or taking anticoagulants such as warfarin. A few patients with asthma will also find the asthma gets worse when they take NSAIDS. If you have had a problem with taking NSAIDS in the past please let the doctor or nurse know.

If you have severe indigestion, breathing difficulties or severe stomach pain after taking NSAIDS, stop taking them and let your GP know.

NSAIDs have common side effects which include nausea, diarrhoea, headache and dizziness. If these side effects do not subside or are intolerable please let your GP know.

Ibuprofen

- 200mg tablets – one to two tablets 3 times a day
- 400mg tablets – one tablet 3 times a day.

Opioids

Opioids are strong pain relief medications that should be used for 'breakthrough' pain when your regular paracetamol and/or ibuprofen are not effective.

Constipation is a common side effect of opioids. To prevent this, drink plenty of water and increase your intake of fibre by eating regular portions of fruit, vegetables and cereals. If constipation continues to be a problem you may need to take a laxative e.g. Senna. Other side effects include nausea and drowsiness.

While taking opioid medication you should not drive until you know how the medication makes you feel. Please be aware that it is an offence to drive when your ability is impaired by medication. If in doubt, do not drive.

Alcohol should be avoided while taking this medication as it may cause any drowsiness to worsen.

Dihydrocodeine

- 30mg (one tablet) every 4 – 6 hours up to 6 times a day.

Taking more than one tablet at a time may not provide better pain relief but may increase the risk of side effects.

□ **Co-codamol 8/500mg or 30/500mg**

This medication contains both paracetamol and codeine.

- 1 to 2 tablets, four times a day. Do not take more than 2 tablets at a time and no more than 8 tablets in 24 hours.

Caution – do not take any other medication containing paracetamol (e.g. cold and flu remedies, co – dydramol,)

QVH Pharmacy Patient Medication Helpline

Tel: 01342 414215

Monday – Friday 9am – 5:30pm

2. Protecting your arm or hand after surgery

As your arm will remain numb for some time after surgery, if you hurt it, you will not be able to feel it, so you need to take extra care.

Your hand must be protected and elevated in the sling until the strength and feeling has returned to normal, and then kept elevated.. Remove the sling at bedtime and keep the arm elevated on a pillow overnight to reduce swelling and decrease discomfort.

Your surgeon will be able to offer you more advice on aftercare for your arm.

3. What should I do if the effects of my axillary block have not worn off after 24 hours?

If you experience pins and needles, numbness or weakness lasting longer than 24 hours, that was not present before your block, please contact the Queen Victoria Hospital on the number below :

QVH Switchboard: 01342 414000 - please ask to be put through to the anaesthetic registrar on call.

Disclaimer: This information is for guidance purposes and does not replace the professional advice given by qualified professionals.





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Anaesthetic Department

Issue 2 – Ref: no. 0555

Approved by the Patient Information Group

Print July 2022 – Review July 2025

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