

# Your pain relief options after major breast surgery

This leaflet aims to answer your questions about taking pain relief after/for your breast surgery. If you have any questions or concerns, please speak to a doctor or nurse caring for you.

## What level of pain can I expect after my surgery?

This depends on the type of surgery you have. If you have a small lump removed, then you can expect the pain to be mild to moderate and easily controlled with over the counter pain relief medications. If you are having a breast reconstructed then the pain level is expected to be higher, and you will be likely to require one of the techniques described in this leaflet. It is important to note that with reconstructive breast surgery, a sensation of stretch (as your chest wall accommodates the new implant) will be present even with very good pain relief.

## What are my pain relief options?

For the control of mild pain we use tablet medication (such as paracetamol, ibuprofen and weak opioids eg. dihydrocodeine) and when you are ready to be discharged home you will usually be given a combination of these medications to take with you.

Whilst in hospital, or if your pain is more severe, there are **four** main options for your pain relief:

1. strong opioid medication with local anaesthetic injection into the breast
2. patient controlled analgesia
3. thoracic paravertebral injection
4. PECS2 injection

These four options will be explained in this leaflet.

## Which pain relief option is best for me?

Your anaesthetist will help you decide by explaining which of the above options are available to you. The options will depend on the type of surgery you are having and your current medications. Some conditions may make particular choices more difficult or more risky. These include:

- curvature or scoliosis of the spine
- medication to thin the blood
- allergies to morphine or local anaesthetic

## Can these pain relief options be used to avoid having a general anaesthetic?

The combination of thoracic paravertebral injections and PEC2 injections (described below) can be used to numb your chest and offer you your surgery whilst you are awake or lightly sedated. The benefits of this would be a much quicker recovery from surgery, avoiding a general anaesthetic, and potentially earlier discharge home. Whether this can be offered to you depends on your anaesthetist and the details of your proposed surgery, therefore it would require a thorough discussion on the day.

### Option 1 - Strong opioid medication with local anaesthetic injection into the breast

Opioid medications are the strongest type of oral medication available to patients. They are based on the morphine family of drugs. If given this option, you will be given tablets or liquid medication at regular intervals and, additionally when you ask for it.

Also, whilst you are anaesthetised or asleep for your operation, the surgeon will inject some local anaesthetic into the breast where you have your operation. When you wake up this area will be numb. The numbness will last up to 12 hours.

Advantages of Option 1	Disadvantages of Option 1
Almost everyone can have this option.	Some people feel drowsy, itchy, nauseous and constipated with morphine (however these symptoms can be treated).
You are not attached to any pumps or equipment.	May not be enough pain relief for major surgery.
If you are allergic to morphine, we can give you another medication.	

### Option 2 - Patient controlled analgesia

This method of pain relief involves a machine which contains a syringe of pain relief medication which is attached to your drip. It is connected to a button which you press any time you feel pain. This will then give you a small dose of pain relief to make you feel comfortable. When the pain relief starts to wear off (it is more effective when you don't wait for the pain relief to wear off completely) then you are advised to press your button again.

The medication in the syringe is often a morphine solution but we can use other types of pain relief medication. Please be aware that you cannot overdose as the machine automatically stops between doses.

Advantages of Option 2	Disadvantages of Option 2
You are in control of your pain relief; you do not need to wait for a nurse or doctor.	As with Option 1, side effects include: nausea, itchiness, constipation and sedation.
The level of pain relief is strong (however not as strong as the injections PECS2 and thoracic paravertebral).	You will be connected to a pump and a drip stand.
	You will have regular checks by the nursing staff to check your breathing; this may disturb your rest.

## Option 3 - Thoracic paravertebral injection

This is a single injection of local anaesthetic in your back just above the level of your shoulder blades. It is different to an epidural as the needle is placed next to the spine. It will create an area of numbness from your back around your chest to include your breast. This will usually last up to 16 hours. Beyond this time you will usually be given pain relief tablets at regular intervals.

### How is it done?

The injection will either be done before or during your general anaesthetic. The anaesthetist will do the injection in the theatre suite under close monitoring. If you are awake, then you will usually be given a mild sedative beforehand. They may use an ultrasound probe to determine the correct place to inject.

### What will it feel like?

Placing the needle will feel like a blood test whilst injecting the solution may make your chest feel a little tight. At this stage you may be asked to breathe slowly and deeply.

## Option 4 - PECS2 injection

This is similar to the thoracic paravertebral injection (explained above). PECS2 is an injection of local anaesthetic which will make the area numb for up to 12 hours. However instead of an injection into the back, the injection of local anaesthetic occurs at the front of your chest.

### How is it done?

It is carried out in the same way as the thoracic paravertebral injection; however the injection site is at the front of your chest and not in your back. Therefore instead of sitting up, you will be lying down when you receive the injection. The injection is usually done whilst you are asleep.

### What will it feel like?

If you are awake when the injection is performed, placing the needle will feel like a blood test whilst injection itself should be associated with a little pressure only.

Advantages of Option 3 and 4	Disadvantages of Option 3 and 4
You are more likely to be able to go home sooner.	May not work well and you may need additional pain relief.
High level of patient satisfaction with level of pain relief.	Bruising (as with all injections).
Avoid side effects of opioids e.g nausea, itchiness, drowsiness and constipation.	Both sides of your chest may feel numb.
	Your blood pressure may lower transiently (you may feel light headed) but this will be treated.
	Rarely (< 1 in 1000) experience damage to the lining of their lungs (pneumothorax). The lining of the lungs often heals itself.
	Rarely an infection may develop.
	Very rarely damage to the nerves may occur. It is more likely to be temporary rather than permanent.
	Extremely rarely; fitting or life threatening reactions.

## Contact us

Whilst you are still in hospital, all your questions or concerns regarding pain relief should be directed towards your bedside nurse who will contact the relevant doctor on your behalf.

After discharge home, if you have had either a thoracic paravertebral injection or PECS2 injection and have any questions or concerns regarding your pain relief please contact the **Anaesthetic Department** on **020 7188 0645** (Monday to Friday, 9am to 5pm) and ask to be put through to the Regional Fellow.

Outside of these hours, or if the Regional Fellow is unavailable, call the hospital switchboard on **020 7188 7188** and ask for the bleep desk. Ask for bleep 1049 and wait for a response. This will connect you to the doctor directly.

Please go to your nearest accident and emergency (A&E) if you develop unexplained shortness of breath or pain that is not well controlled by the painkillers you have been given.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.guysandstthomas.nhs.uk/leaflets](http://www.guysandstthomas.nhs.uk/leaflets)

## Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

## Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) e: [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

t: 020 7188 3514 (complaints) e: [complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

## Language and Accessible Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 e: [languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)

## NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

## NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: [www.nhs.uk](http://www.nhs.uk)

## Get involved and have your say: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, and to become a member:

t: 0800 731 0319 e: [members@gstt.nhs.uk](mailto:members@gstt.nhs.uk) w: [www.guysandstthomas.nhs.uk/membership](http://www.guysandstthomas.nhs.uk/membership)

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