

### Information for patients about acute pain:

#### *What is acute pain?*

Acute pain is pain that starts suddenly then gradually gets better with time.

The onset of acute pain may be **unexpected** such as falling and breaking a leg, or **predictable** for example following surgery.

The time taken for the pain to wear off varies from seconds (pricking your finger with a needle) to weeks (recovering from major surgery).

Examples of acute pain also include pain from a heart attack, kidney stones, gallstones or a sickle cell crisis.

#### *Why do we get pain?*

Pain is the body's warning system. It tells us that part of our body is damaged and to stop what we're doing and protect ourselves. It reminds us to rest and allow the body to heal itself, or to get help from a doctor.

Pain is an intensively individual experience: it can't be seen, is often difficult to describe, and it can't be judged by others.

#### *Why does pain need treating if we know it's going to get better?*

If a patient is in too much pain to move about in bed or get out of bed, they face risks such as blood clots, either as **deep vein thrombosis (DVT)** in their leg or **pulmonary embolus (PE)** in their lung.

They can get **pressure sores** if they have been lying in one position for too long and the skin at the base of the spine or on their heels blisters, breaks down and forms ulcers.

A patient can develop a **chest infection** if they are in too much pain to take a deep breath or cough.

Pain can also cause the body to produce adrenaline, making your heart race and raising your blood pressure. If a patient already has heart disease and the pain is very severe, this can increase the strain on their heart risking **angina** or, rarely, a **heart attack**.

If acute pain goes on for a long time, there is a risk that it can continue to become **chronic pain**, where the pain carries on even though the body has healed. The pain nerves have become so used to sending pain messages to the brain that they keep on doing it, even though everything is OK.

#### *Can you treat all pain?*

Acute pain is usually straightforward to treat and easier to manage than other types of pain. However:

- Some **pain** is particularly difficult to treat, for example if it involves nerve damage, poor circulation or has been going on a long time.
- Some **patients** have other medical conditions that make the management of pain more complicated - if they have kidney or liver damage, or if they are allergic to many pain-killers - which may mean we can't use our normal pain-killers.

- Sometimes the **side effects** of the drugs become a problem (sleepiness, confusion, sickness) so that we have to stop the drugs or use a smaller dose. We can then work with the patient to find a balance between pain and side effects.

*Are you promising to get rid of all pain?*

No, we couldn't and shouldn't get rid of pain completely or patients will lose their warning system and might forget to rest and let their body heal after an injury.

We are aiming to reduce patients' pain from severe to mild where possible. This means that a patient may still feel some discomfort but will be able to move around, eat, drink, do their physiotherapy exercises and recover from their illness faster than if their pain is so severe that they are afraid to move.