Pain
Patient Information
This brochure provides useful information on how to deal with pain. Recognising pain and trying to introduce better pain management are important, because we know that approximately 50% of all patients staying in hospital experience pain at some point. The staff at UZ Leuven have been making every effort to prevent and alleviate pain whenever possible for a very long time. However, to do so we also need your help or assistance from your family.

In hospital, pain is caused as a result of disease (e.g. an infection or cancer), examinations (e.g. a puncture or endoscopy) or specific treatments/interventions (e.g. an operation, chemotherapy or radiotherapy). Sometimes, but not always, pain can be predicted. Moreover, each patient experiences pain in a different way.

If, after having read this brochure, you have further questions or suggestions, feel free to submit them to your doctor or nurse.

We hope your stay in our hospital is as comfortable as possible.
The Algology Platform Work Group
WHAT IS PAIN?

**Acute pain** is usually meant as a warning, pointing to something unusual happening in the body, e.g. an injury, illness or following an operation, and needs immediate treatment. Pain is not just a discomfort; it also provokes reactions in the body that might slow down recovery. It is vital, therefore, that immediate action is taken in the event of acute pain. Pain that is not properly managed can in some cases develop into chronic pain, which is much more difficult to treat.

**Chronic pain** is lingering pain that persists despite treatment and a seemingly full recovery. With chronic pain there is no longer a protective warning sign, i.e. the pain system is no longer functioning as a normal functional warning sign but generates an oversensitive reaction. This process often becomes irreversible after a while, which is why early pain treatment will be the most effective approach and should not be needlessly delayed.

PAIN TREATMENT

**Acute pain and cancer pain** can be treated successfully in most cases using traditional pain relief methods, i.e. pain medication in tablet form, pain relief skin patches, subcutaneous injections or injections into the muscle, via a drip or via pain medication pumps. It is not always possible to eliminate pain completely, but it is important to reduce pain to a level at which you feel comfortable. Successful pain treatment is important, not only when you are resting in bed, but also during care sessions, exercise therapies and when you get out of bed.
Each department works with a ‘pain relief’ procedure. It is important, therefore, that you notify the doctor or nurse immediately if you feel pain. Also explain how you experience the pain, ranging from uncomfortable to unbearable, and exactly where you are feeling the pain.

**Chronic pain treatment** is a complex process and traditional pain management methods are often no longer effective enough. Being completely pain free is probably not a realistic objective. Acceptable pain relief without too many side effects and an improvement in quality of life are usually a significant step in the right direction. Inter discipline treatment tends to be the best option, i.e. with involvement from both doctors with different expertise and other care providers such as nurses, psychologists, physiotherapists and social workers.

**IN PAIN? TELL SOMEONE!**

You, the patient, or a member of your family are the main sources of information to report pain early on. Feel free to tell the care providers spontaneously if you or a member of your family are in pain, not just when they are specifically enquiring about it. It is important to provide those who are treating you or looking after you with any useful information about the kind of pain you are in.
All hospital wards register reports concerning pain on a daily basis. This gives us a better insight into the extent to which patients experience pain and enables us to adapt pain treatment as effectively as possible.

We do not have a tool to measure pain. Only you can tell us whether you are in pain and how bad it is. Many people find it difficult to explain to others how much pain they are in. That’s quite normal, no one else can feel your pain. However, allocating a pain score may help in this process.

Every day a nurse will ask you to give (potential) pain a score between 0 and 10, with 0 indicating no pain and 10 the worst pain you can imagine. You can never give a wrong score.

If you suffer pain in several places, it is advisable to focus on the area with the worst pain when entering the pain score. Some people only suffer pain at certain times, e.g. when moving or being cared for. If so, you can tell the nurse and allocate a score to the pain at that point in time.

To provide the most effective treatment for your pain the doctors and nurses need to build up an accurate picture of it. A pain score is only one aspect. Several questions are included at the end of this brochure that might help you describe the pain. You can use this to discuss your pain with the doctor or nurse.
PAIN QUESTIONNAIRE

How bad is the pain at the moment?
Use the illustration below to give yourself a pain score: indicate a score between 0 and 10. You can use this tool in hospital each time you are asked how bad your pain is at that time.
Where is the pain located?
(Indicate the areas that are painful on the drawings below. Place an X on the area that is most painful.)

How long have you been suffering this pain?

How could you best describe the pain you are experiencing?
(e.g. throbbing, shooting, gnawing, etc.)