

Complete Parent Guide

Managing Your Child's Pain After Surgery

We believe no child should be in pain after surgery.

This guide explains how we will work together to keep your child comfortable.

1. How We Measure Pain

We use age-appropriate pain scales:

<p>For young children: Faces Pain Scale</p>	<p>請你指一指哪個臉最能代表你現在有多痛 Point to the face that shows how much you hurt now</p>
<p>For older children: Numerical Rating Scale</p>	<p>NUMERICAL RATING SCALE (NRS) ASK CHILD TO RATE HIS/HER PAIN FROM 0 TO 10</p>

- Nurses will regularly check: pain level, breathing, heart rate, and alertness.
- *You know your child best* - please tell us if you think they're in pain, even if the score seems okay.



2. Pain Relief Methods We Use

A. Medicines Given Through a Vein (IV)

- **PCA (Patient-Controlled Analgesia)**
 - For children who can understand how to use it
 - Your child **presses a button** to get pain medicine when needed
 - **Safety feature:** The machine has a "lock-out" period so your child can't get too much
 - **Only your child should press the button**
- **NCA (Nurse-Controlled Analgesia)**
 - For babies or children who cannot use PCA safely
 - The nurse gives the medicine after checking that your child needs it

Please refer to PCA/NCA leaflet for more details.

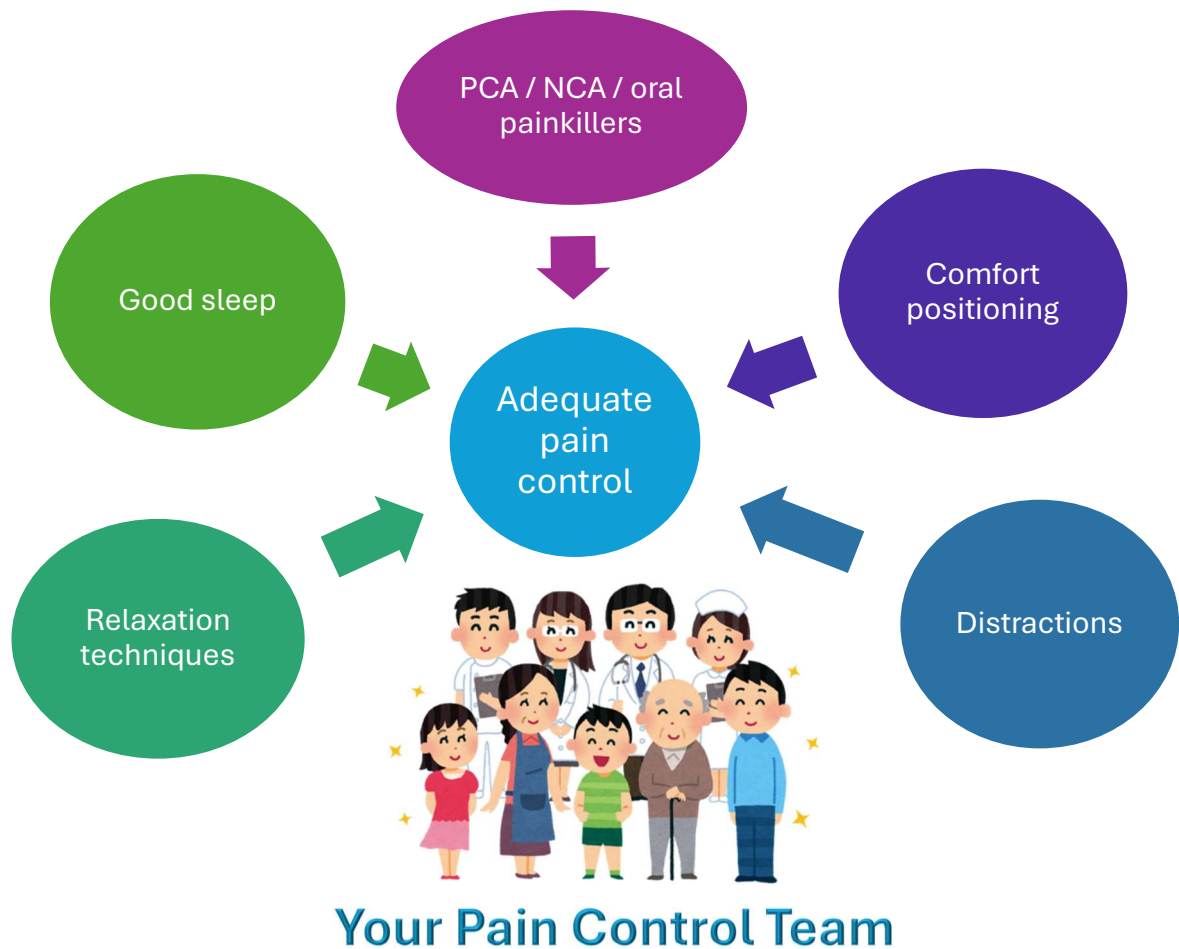
B. Oral Medicines

As your child's condition improves, we'll switch to **oral medicines**

- We may give:
 - **Regular** medicine to prevent pain from recurring
 - **Extra** medicine for breakthrough pain
- Common medications we use:
 - Non-NSAID: Paracetamol
 - NSAIDs: Ibuprofen, Celecoxib
 - Opioids: Tramadol, Oxycodone, Morphine

Anaesthesiologists will assess your child's needs and adjust their pain medications accordingly. Sometimes a combination of different painkillers is prescribed for better efficacy.





3. You Can Help Too! Non-Medical Pain Relief



a) Comfort Positioning

- Gentle holding, cuddling, or rocking
- Supporting surgical area with pillows during movement
- Warm or cold packs (as recommended)



b) Distraction Therapy

- Bring favourite toys, books, or comfort items from home
- Music, stories, or quiet games
- **Digital devices** can help but should stop 1 hour before bedtime



c) Sleep Support

- Keep a quiet environment during sleep times
- Avoid too much daytime napping
- Combine pain medicine with comforting bedtime routines

d) Relaxation Techniques

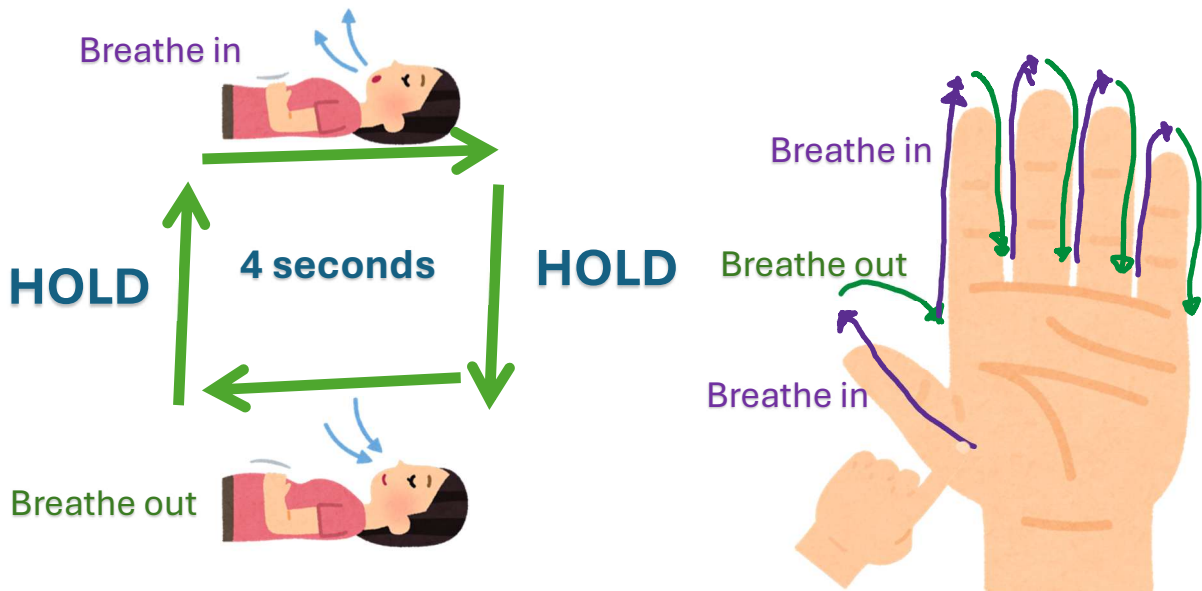
- **Deep breathing:** "Let's blow bubbles slowly" or "Imagine blowing up a balloon"



Belly breathing: let's do it step by step:

- 1) Sit or lie down in a comfortable position.
- 2) Slowly breathe in through your nose for about 4 seconds with chest rise.
- 3) Hold your breath for 4 seconds.
- 4) Slowly breathe out through your mouth for about 4 seconds, letting the chest fall.
- 5) Repeat this cycle for 5-10 breaths, or until you feel more relaxed.

Count with 2 techniques: **BOX breathing** or **5 fingers!**



- **Guided imagery:** "Imagine your favourite happy place" or "Think about playing in the park"





4. Common Concerns

Will my child get addicted to pain medicine?

- **No** - when used for medical pain for a short time, addiction is extremely rare
- We use the lowest effective dose for the shortest possible time



Are there any side effects associated with opioid pain relief?

Here are the common side effects and how we manage them:

- **Nausea/vomiting:** We can give medicine to help
- **Itching:** Can be treated with other medicines
- **Dry mouth:** Drink lots of liquids (e.g. water, juice)
- **Constipation:** We may give stool softeners or laxative, and your child can eat foods that are high in fibre (e.g. beans, lentils, whole grains cereals, fruits and vegetables), drink more water, have regular exercises and develop good bowel habits
- **Sleepiness:** Normal initially, but tell us if your child is too drowsy to be awakened easily



When should I ask for help?

Tell your nurse if:

- Your child seems to be in pain despite medicine
- They're too sleepy to be awakened easily
- Breathing seems unusually slow
- You have any concerns at all





5. How do I know my child is in pain?

You can assess your child's pain by answering the following questions.

Questions	Yes	No
Whine or complain more than usual?		
Cry more easily than usual?		
Not do the things he or she normally does?		
Act more worried than usual?		
Act more quiet than usual?		
Have less energy than usual?		
Refuse to eat?		
Eat less than normal?		
Hold the sore part of his or her body?		
Try not to bump the sore part of his or her body?		
Groan or moan more than usual?		
Look more flushed than normal?		
Want to be close to you more than normal?		
Take medication when he or she normally refuses?		
Total (add together the number of questions you answered with yes)		

(Finley et al. (2003)Clin. J. Pain Sep-Oct 2003; 19(5):329-34)

6. Going Home

- You'll receive clear instructions about pain medicines
- We'll tell you which medicines to give regularly and which to use only if needed
- Continue comfort measures like distraction and positioning
- Contact your doctor, if pain isn't controlled at home



Remember: You are an essential part of your child's care team. Your observations and comfort make a real difference in their recovery.