



## Contact information: \*

Anesthesiologist \_\_\_\_\_

Surgeon \_\_\_\_\_

Surgery at  
Nashville Surgery Center [615-497-2870 \(mobile\)](tel:615-497-2870)

Surgery at  
Vanderbilt Hospital [615-835-5701 \(numeric pager\)](tel:615-835-5701)

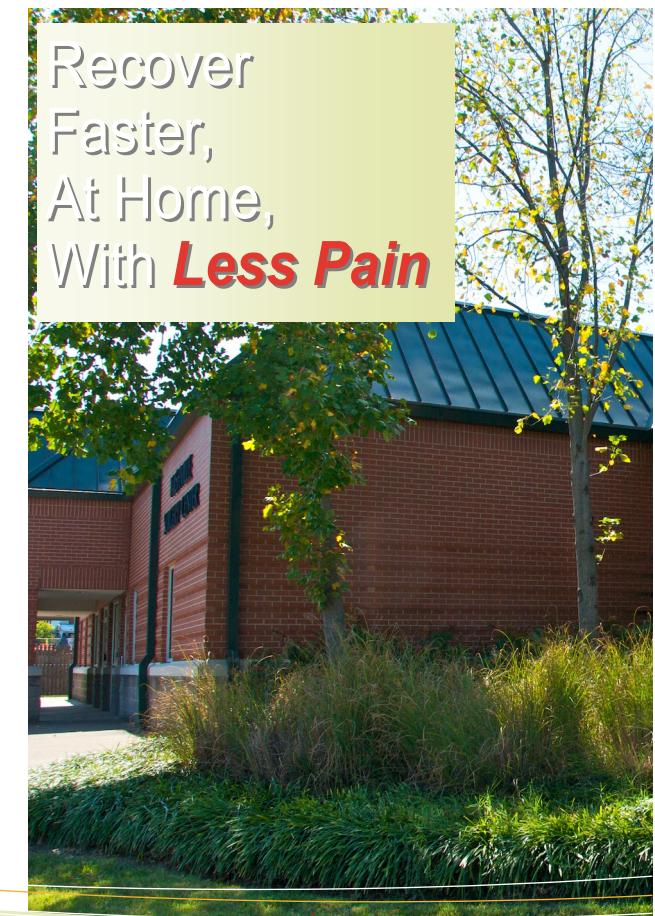
\**In case of emergency, call 911 or go directly to Emergency Room\**

### IMPORTANT SAFETY REMINDER

**For your safety, do not operate a vehicle or machinery with a pain catheter in place.**

In addition, protect the numb extremity from injury by using a sling, crutches, padding, knee immobilizer or other device while the pain catheter is in place.

Please feel free to provide any positive or negative feedback regarding your pain management at the time of your follow-up phone calls.



Recover  
Faster,  
At Home,  
With **Less Pain**

## Home Infusion Pain Pump **Patient Instructions**

Vanderbilt University Medical Center  
Department of Anesthesiology  
1301 Medical Center Drive  
4648 TVC  
Nashville, TN 37232-5614  
[www.vandydreamteam.com](http://www.vandydreamteam.com)



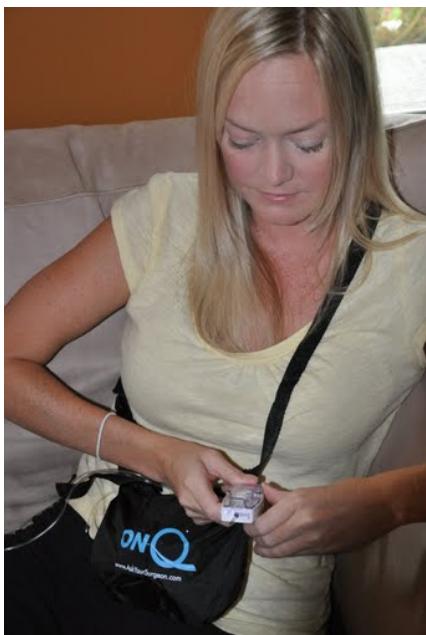
Vanderbilt Department  
of Anesthesiology

# AT-HOME PAIN CONTROL

RECOVER WITH MANAGED PAIN IN YOUR OWN HOME

## IMPROVED PAIN CARE

- PATIENTS GO HOME EARLIER
- PAIN IS BETTER CONTROLLED
- SIDE EFFECTS ARE MINIMIZED
- PATIENTS ARE MORE SATISFIED



You are receiving a relatively new method of pain control, called **Continuous Regional Analgesia**. A soft catheter lies near the nerves which provide sensation to all or part of the surgical site, allowing local anesthetics to numb the area and reduce pain. This provides very good pain control, minimizes side effects such as constipation and drowsiness that are often caused by traditional narcotic pain medications, and improves function, recovery, and overall patient satisfaction.

## HOW IT WORKS

The type of pump you receive and how it operates will be explained to you when you are discharged. There may be some patient controls on the pump with which you will need to be familiar. All pumps, whether balloon-type or battery-operated, are designed to rest in a pouch where it is connected to the pain catheter. This allows you to perform normal daily activities such as walking. The pump administers a small amount of local anesthetic medicine through the catheter on a regular basis — about a teaspoon or two an hour.

This medicine helps to decrease the pain by partially numbing the area where you had surgery. *The idea is not to completely numb the area, but to decrease the pain you feel.* Most likely, both muscle strength and pain sensation will be decreased in the area to some degree. If the area is completely numb, and you have no strength in the affected area, we may be able to restore some of your function without pain by decreasing the rate of infusion. Likewise, if the pain is too great, we can usually increase the rate of infusion.

**For your safety, do not operate a vehicle or machinery with a pain catheter in place.** In addition, protect the numb extremity from injury by using a sling, crutches, padding, knee immobilizer or other device while the pain catheter is in place.



## MANAGING YOUR PAIN CONTROL

A nurse or physician will contact you daily after your discharge to follow up on your pain, nausea, itching, and medication management. You will be asked to rate your pain on a scale from **0-10**, with "0" being no pain and "10" being the worst pain imaginable. If you experience mild to moderate pain, you may increase the rate by 2ml per hour every 1-2 hours, or you may take conventional pain medication by mouth (such as Motrin, Percocet). If you experience severe pain, it is safe for you to maximize your rate at 14ml/hr for 1-3 hours until you are more comfortable, and then gradually decrease your rate to 6-10ml/hr as needed. Set the pump at only even rates (for example, 6 ml per hour) since the pump will not run with the dial set between even numbers (for example, between 4 and 6 ml per hour).

During your follow-up call, you will also be asked if you have the following symptoms: numb lips, ringing in the ears, metal taste in the mouth, sudden increase in anxiety, dizziness, sudden tiredness and shortness of breath. If you have any of these symptoms or any other concerns at any time before, or after the hospital contacts you, simply close the clamp on the pump tubing (or turn the pump off) and notify your anesthesiologist immediately. Please *do not disconnect* the pump, leaving the catheter open and exposed.

You will be asked if your catheter is secure, if the clamp is open, if there is any pain, swelling, redness at the catheter site, if the pump is delivering medication, and approximately how much medication is left in the pump.

## REMOVING THE CATHETER

You will be instructed at discharge and again by phone on how to remove the catheter. It should slide out easily with gentle pulling. There should not be any electric, shooting pain in the same extremity as you pull out the catheter. If there is electric, radiating pain, stop pulling the catheter and contact the anesthesiologist. Examine the blue tip of the catheter to make sure it is intact.