

Going Home With Your Peripheral Nerve Catheter and Pain Relief Pump

If you have any questions about the pain relief pump, please call the Anesthesia Pain Service.

After surgery, you may have a peripheral nerve catheter and pain relief pump. The pump delivers an ongoing flow of local anesthetic (numbing medicine). The medicine flows around the nerves that lead to the site of surgery, blocking the feelings of pain. This lessens pain at the surgery site.

The pump provides ongoing pain medicine for about 40 hours.

The catheter should be removed on _____ (day/date) at _____ (time). To remove, see page 4.

Along with oral pain medicine, the pump should make you comfortable and relieve most of your pain. This will allow you to perform tasks to aid your recovery such as therapy, deep breathing or coughing.

The pain relief pump consists of a very thin tube (catheter) attached to a small container. Pain medicine flows from the container to the catheter. The catheter may be placed either before, during, or after surgery. The catheter is held in place by a clear dressing and tape. A belt with a small pouch supports the pump and the tubing.

Catheter and pump care

Follow these guidelines to take care of your catheter and pump.

- Use the belt and pouch to support the catheter and pump at all times.
- Do not pull or tug on the catheter.
- Do not allow the catheter to become kinked or pinched.
- Do not disconnect the catheter from the pump.
- The catheter site should be covered with a dressing. There is no need to change that dressing unless it falls off or becomes soiled.
- While the pain relief pump is in place, do not shower or take a tub bath. If the dressing gets wet, it may loosen, and the catheter may come out.

Some leakage from the catheter may be normal. If this occurs, do not remove the dressing. Instead, cover it with the extra gauze or transparent dressings that you will receive.

However, please notify the Anesthesia Pain Service if the catheter continues to leak through the extra covering.

Using your pump for pain control – bolus option

Your pump has been set to deliver a pre-set amount of numbing medicine to control your pain. In addition, your pump may have a button that allows you to give yourself an extra dose (bolus) of medicine if your pain gets worse.

After you press the bolus dose button, it locks for a period of time. During this time, you will not be able to give yourself extra medicine, even if you press the button. This is a safety feature that:

- Allows time for the medicine to work.
- Prevents you from receiving too much medicine.

After the time period is up, the pump unlocks and allows you to give yourself more medication if you still have pain.

The pain relief pump is intended for patient use only. Family members or visitors should never press the button without your consent. When someone else presses the button, they may be placing you at risk of getting too much medicine.

Do not tamper with the pump or try to open it. This might cause the pump to stop working.

Taking oral pain medicines

Your surgeon may prescribe oral pain medicine along with the use of the pain relief pump. It is best to take your pain medicines before the pain becomes severe. Once pain becomes severe, it is more difficult to relieve. When taking oral pain medicine, be sure to follow your physician's guidelines.

Sometimes prescribed pain medicines may cause sleepiness or dizziness.

If you are taking prescription pain medicines:

- **Do not drive.**
- **Change your position slowly to prevent loss of balance.**

If you have severe pain not controlled by the pump and your pain medicine, call both your surgeon and the Anesthesia Pain Service.

Safety precautions while receiving local anesthetic medicine

The block may affect the way you sense your body's position and location. You may feel like you are not sure where or how your affected limb is actually placed or how it is positioned. Your limb – whether it is your arm or leg – may feel different or heavier. This can affect your balance and increase your risk of falling.

Until the block wears off completely, please take special care to prevent falling. When the block wears off, all feeling and movement will be completely back to normal.

It is important to follow your surgeon's discharge guidelines. Even if you are pain-free, do not do any of the following until you have your surgeon's approval:

- Driving
- Heavy lifting
- Strenuous exercise

It is important to be aware that the surgery site may be numb and weak.

- You may need help to get out of a bed or chair, to walk, and to get dressed.
- Take extra care to avoid putting **any** pressure on a numb or weak area.
- Avoid contact with sharp surfaces, or extreme heat or cold. Do not place a heating pad on the numb area. You may not feel it, but you can still be injured.

After surgery on your shoulder or arm

- Protect your arm.
- Be sure to keep your sling on as directed to support your arm. You might not be able to control movement of your arm.

After surgery on your leg or foot

- When sitting in a chair, elevate your leg, and use pillows and soft pads to support and protect it. This prevents sores from developing due to prolonged pressure over an area.
- ***Protect your leg! As long as your leg is numb, it will also be weak, and you must have help to avoid falling. Never put weight on a leg that feels numb.***
- Use your crutches, walker or cane as instructed. If possible, have someone close by to provide extra support.
- When walking at home (with your walker or crutches), have someone clear a path for you to walk. **Do not** try to bend over to move things yourself when walking with a walker or crutches.
- If you have to climb stairs to get into your home, the physical therapist should instruct you in this before you leave the hospital. Climb stairs only when absolutely necessary. Have someone help you. Take one step at a time and do **not** put weight on your surgical leg.

MRI tests

If an MRI is needed before the catheter and pump are removed, be sure to let your physician and the MRI staff know you have a catheter and pump that may contain metal.

Removing the catheter

Once all the medicine in the container is gone, the pump and the catheter can be removed.

Follow these steps to remove your catheter.

1. Gather supplies:
 - 5 cotton swabs and isopropyl alcohol, or 5 alcohol wipes.
 - A bandage or small gauze dressing and tape.
 - A small plastic garbage bag.
2. Wash your hands carefully with soap and water for 15 to 30 seconds.
3. Remove the dressings or tape holding the catheter or plastic tube in place. Do not remove any other dressings or drainage tubes that you may have unless instructed by your physician.
4. Firmly grasp the catheter close to the entry site.
5. Gently pull on the catheter to remove. It should come out easily. If it does not, stop, re-tape the catheter and secure the pump. Then, contact the Anesthesia Pain Service.
6. Once the catheter is out, you may note some clear drainage at the site. Clean the site with a cotton swab dipped in alcohol or an alcohol wipe. Repeat if needed.
7. Cover with a bandage or clean gauze dressing, and secure with tape.
8. **Check the catheter tip to make sure it is not broken.** Depending on the type of catheter used, **the tip end may have black, blue or silver metallic markings.**
 - If it seems to be in one piece, place the catheter in a plastic bag with the tubing and the pump. Seal the bag and discard. If you have a pain pump that contains a battery, discard the pump as you would any battery. Follow local guidelines to identify proper disposal centers. Keep all items away from children and pets. Wash your hands carefully.
 - ***If there is no marking at the tip***, place the pump, catheter and tubing in a plastic bag. Wash your hands and **contact Anesthesia Pain Service**. Do not discard the plastic bag. The physician may wish to see the catheter and pain pump.

After the pump is removed, oral pain medicines still may be used.

When to call the Anesthesia Pain Service

Call if:

- The catheter becomes disconnected from the pump.
- The catheter falls out of the incision site.
- Medicine is soaking through the dressing. (You may note a small amount of leakage where the catheter enters the skin. This is normal.)
- You have uncontrolled severe pain.
- There is any redness, unusual or excessive warmth, pain, swelling, drainage that is not clear, or bleeding near the catheter site.

If you note any of the following signs, close the clamp on the catheter and call the Anesthesia Pain Service:

- Numb lips
- Metallic taste
- Ringing in the ears
- Tremors/twitching

Call 911 if you have:

- Trouble breathing
- Seizures

Then, when time allows, notify the Anesthesia Pain Service.

To contact Anesthesia Pain Service

The Anesthesia Pain Service can be contacted 24 hours a day at 312.695.7039 for any concerns or questions.