

Managing your Pain with Patient Controlled Analgesia (PCA)

Information for Patients and Families

Read this information to learn:

- What patient controlled analgesia (PCA) is
- Why PCA is important
- What types of PCA we offer at Humber River Hospital
- How each type of PCA works
- Possible side effects from each type of PCA



Why is it important to relieve my pain?

You will feel better and heal faster if your pain is well controlled. Less pain means less stress on your body. You can breathe deeply, and cough and move more easily.

Since you know your own pain best, your health care team will work with you to help you manage your pain. One way to do this is with “**patient controlled analgesia**”, or “**PCA**”.

What is patient controlled analgesia?

Medicine for pain is called analgesia. Patient controlled analgesia (PCA) allows you to treat your own pain without having to wait for a nurse to give you the medicine. You give the pain medicine to yourself by pressing a button.

We offer 2 kinds of PCA :

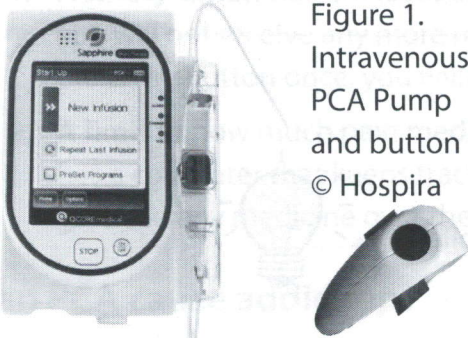
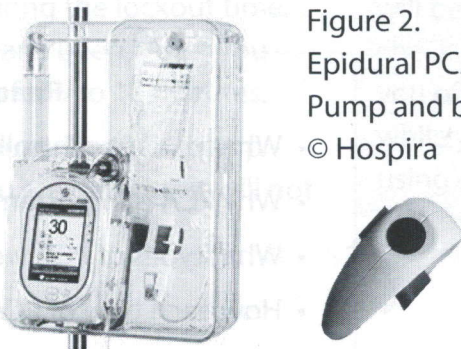
1. **Intravenous PCA:** We place a small tube in the vein in your arm. You receive pain medicine through your veins.
2. **Epidural PCA:** We place a small tube in your back. You receive pain medicine near the nerves in your back.

While using PCA:

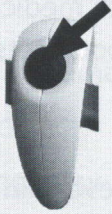
- **DO NOT let family or visitors press the button.** Only you should push the PCA button.
- **DO NOT wait until the pain is bad** before using your pain medicine.
- **DO NOT use PCA when you are comfortable or sleepy.**



What are the differences between Intravenous PCA and Epidural PCA?

INTRAVENOUS PCA		EPIDURAL PCA
 Figure 1. Intravenous PCA Pump and button © Hospira	WHAT DOES THE PCA PUMP LOOK LIKE?	 Figure 2. Epidural PCA Pump and button © Hospira
Intravenous (IV) means “inside the vein”. Medicine can be put into the vein in your arm through a small needle or a plastic tube called a catheter.	WHAT IS IT?	An epidural is a small tube that a doctor places in your back. The medicine goes through the tube and near the nerves in your back to relieve your pain.
After your surgery, we will connect a PCA pump to your IV while you are in the recovery room. If you are in labour but are unable to get an epidural, we can connect the IV to a PCA pump to help manage your pain.	HOW DO WE CONNECT THE PCA TO YOU?	We usually put the epidural in before your surgery or before giving birth. To put the tube in, you have to lie on your side, in a curled up position, or sit up and hunch over a little. An anaesthesiologist (the doctor who manages your pain) will clean an area on your back. Then, the doctor will numb that spot and place a needle into your back. You may feel a little discomfort or pressure as we put the needle into place. The doctor then places a small tube through the needle. They will remove the needle and tape the small tube to your back. The other end of the tube is connected to the epidural PCA pump.
You will have a button that you can press (see figure 1) to receive pain medicine from the pump, through your IV. The beep that you hear means you are receiving pain medicine.	HOW DOES IT WORK?	The epidural PCA pump will give you pain medicine all the time. You may also be provided a button to press if you need more pain medicine (see figure 2).

What are the differences between Intravenous PCA and Epidural PCA? (continued)

INTRAVENOUS PCA		EPIDURAL PCA
The medicine by intravenous PCA takes 5 to 10 minutes to work. Press the button as often you as you need to control your pain. Press the button: • When your pain just starts to become uncomfortable. Do not wait until the pain is bad. • Before you do something that brings on the pain. • Before breathing and coughing exercises. • Before you start to move or turn.	WHEN SHOULD I PRESS THE BUTTON?  Figure 3. Button for PCA pump	The medicine by epidural PCA takes 15 to 20 minutes to work. If you receive a button, press it as often as you need to control your pain. Press the button: • When your pain just starts to become uncomfortable. Do not wait until the pain is bad. • Before you do something that brings on the pain. • Before breathing and coughing exercises. • Before you start to move or turn.
The most common side effects of intravenous PCA are: • Nausea (wanting to throw up) • Vomiting (throwing up) • Sleepiness • Finding it hard to think clearly • Slowed breathing • Itching, usually in several small areas on your body • Trouble emptying your bladder.	WHAT ARE THE SIDE EFFECTS AND COMPLICATIONS?  If you experience any of these side effects, please tell your health care team right away.	The most common side effects of epidural PCA are: • Numbness around where you had your surgery • Weakness or heaviness in your legs • Nausea (wanting to throw up) and dizziness • Vomiting (throwing up) • Itching • Trouble emptying your bladder • Back pain. Your health care team will carefully check you to reduce any of these side effects.

Can I give myself too much medicine?

For both intravenous and epidural PCA, it is unlikely that you will give yourself too much medicine. There are 2 features on both PCA pumps that keeps you safe:

1. **A safety timer**, called a lockout. If you press the button during the lockout time, you will not receive any more medicine and you will not hear a beep. After you press the button once, you will not be able to press it again for 5 to 10 minutes.
2. **A limit** to how much pain medicine you can receive in 4 hours. The PCA pump has a computer that keeps track of how much medicine you are getting. It will not give you any medicine over the limit your doctor sets.

Your health care team will be checking on you often while you are using either PCA pump.

Can PCA cause addiction?

People who take patient controlled analgesia to relieve pain are not likely to become addicted to the medicine.

When will the PCA be stopped?

We stop both intravenous and epidural PCA when your pain is controlled and you are able to take pain medicine by mouth (oral pain medicine). Once we stop the PCA, please ask your nurse for oral pain medicine when you need them.

When should I ask for oral pain medicine?

- **When your pain just starts to become uncomfortable.**
Do not wait until the pain is bad.
- **Before you do something that brings on the pain.**
- **Before breathing and coughing exercises.**
- **Before you start to move or turn.**

The oral pain medicine will take 30 to 45 minutes to work. Ask for oral pain medicine as often as you need to control your pain.

What happens if I still have pain?

Tell your nurse or doctor if you still have pain. The nurses will ask you to rate your pain on a "0" to "10" point scale, where:

- "0" is no pain
- "10" is the worst pain.

You can also use words such as "mild", "moderate", or "severe" to describe your pain.

