



NJ / PA KNEE & SHOULDER CENTERS

UNDERSTANDING YOUR POST-OPERATIVE “PAIN CARE” SYSTEM

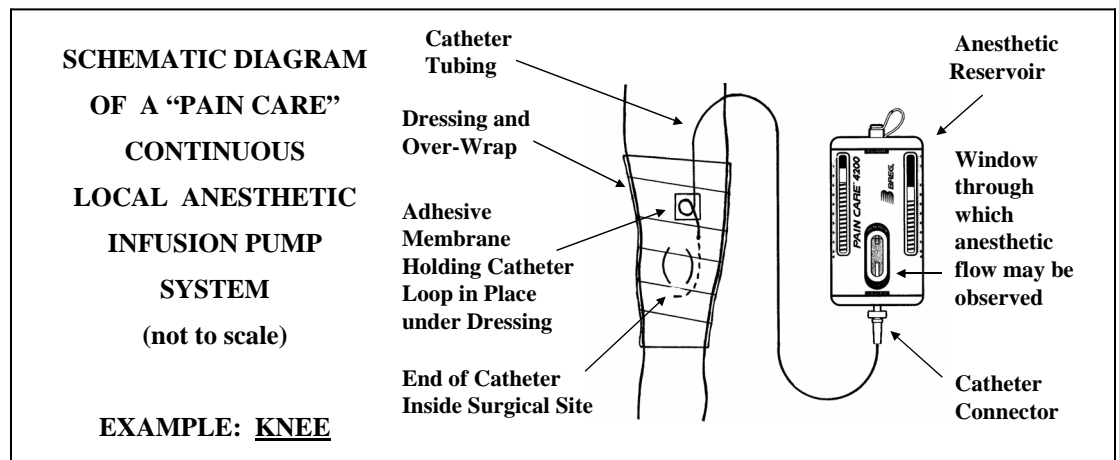
Your “Pain Care” system is a wonderful medical advance that provides a slow, **continuous infusion of pain-relieving local anesthetic directly to your surgical site for up to several days**. It will minimize the amount of oral pain medication (pills) that you will need to take, thus minimizing the drowsiness, constipation and nausea that may be caused by such narcotics.

The **Pain Care** system consists of a sterile, spring-loaded reservoir which slowly pumps local anesthetic to your operative site via a length of thin plastic tubing that is known as a “catheter”. At surgery, one end of the sterile catheter was implanted in your knee, shoulder or elbow where the most painful surgical work was done, while the other end was led out through a small puncture-portal in your skin. The external end was then connected to the pump-reservoir filled with local anesthetic. (Note: local anesthetics are clear and look just like water).

Your **Pain Care** unit has been “programmed” to work for the desired amount of time (see #1, below), after which you will remove the catheter yourself (do not fear; this is both easy and practically painless). Once you are finished with the **Pain Care** apparatus, place the catheter and pump in a sealed plastic bag and return them to us at your first post-operative office visit.

SYSTEM BENEFITS:

- ◆ Direct surgical site pain relief without the undesirable side-effects of narcotics
- ◆ Reduced length of hospital stay
- ◆ Earlier and greater range of knee, shoulder or elbow motion, when early post-operative joint motion is recommended



INSTRUCTIONS

1. Your **Pain Care** System has been loaded with enough local anesthetic to operate for approximately _____ days.
2. While it is working, you should keep the pump-reservoir either: a) clipped to the belt-strap provided, wrapped around your waist; or b) securely clipped to your splint, sling or brace. **Be careful not to accidentally yank or tug on the section of catheter tubing that is exposed outside of your dressing. DO NOT REMOVE OR DISTURB YOUR DRESSING WHILE THE PAIN CARE UNIT IS IN USE. If a Pain Care educational video has been provided, please view it at least twice, as soon as you get home.**
3. If at any time you wish to know how much local anesthetic is still available, you can determine this by checking the amount of clear fluid left inside the pump-reservoir (look through the paired plastic windows in the outer casing).
4. Your infusion catheter should be pulled out **as soon as the pump’s reservoir is empty**, but in any case **no later than 96 hours** following your surgery (see device removal instructions in Section 7, below). If you accidentally pull out the catheter prematurely, **DO NOT** attempt to push it back in through the skin exit portal! If you accidentally disconnect the fluid line at any point between the end-catheter and the pump-reservoir, thereby contaminating the sterile connector ends, you must remove your catheter **right then and there**. **DO NOT** reconnect the now non-sterile connectors.
5. **Pain Care** systems can occasionally develop **tiny leaks** at the catheter connections which cause the local anesthetic reservoir to empty earlier than anticipated. If a slow leak does develop and continues after attempting to tighten the connection, simply blot up any wetness that develops on or near the pump or wrap the leaking connection with gauze to soak up any dripping anesthetic. Continue to use the system until the reservoir is empty. Withdrawing the catheter from the surgical site earlier than originally planned is not harmful, whereas leaving the catheter in place longer than directed may increase your chance of post-operative infection.
6. When the system is working properly, the fluid in the catheter tubing will be clear. If you see red or reddish fluid backing up in the catheter, from the surgical site toward the **Pain Care** reservoir, this means that the catheter has become clogged or obstructed somewhere, allowing back-flow from the operative area. First, check to make sure that the white, shut-off clip on the catheter tubing has not accidentally pinched it off. Then check the rest of the catheter outside of your dressing for kinks, and try changing the position of your operative extremity. If this does not cause the fluid in the catheter to clear within 60 minutes, contact your surgeon or the physician assistant (PA-C) on call for our practice.
7. **REMOVING THE SPENT PAIN CARE SYSTEM: (Please read this entire section twice before proceeding)**
 - a. Remove the belt-strap holding the pump-reservoir in place or unclip the unit from your splint, brace, or sling.
 - b. **WITHOUT DISTURBING YOUR SURGICAL DRESSING**, remove any adhesive tape holding the externally visible catheter tubing in place (i.e., free up the catheter to the point where it disappears under the edge of your dressing).
 - c. **Slowly and steadily** (over the course of a few seconds) pull out the catheter from underneath your dressing until the free end emerges. **NOTE: before you begin pulling, RELAX the muscles of your operated knee/leg or arm/shoulder and keep them relaxed while withdrawing the catheter. Your operated extremity should also be properly pre-positioned. Knees should be kept out at a relatively extended (semi-straight) position. Arms should remain at one’s side, in a “sling” position unless they are splinted/immobilized in another position. As you begin to pull out the catheter, you will feel a tugging sensation on your skin under the dressing, as the adhesive membrane holding the catheter in place pulls away (this is normal). Do not stop pulling until the free end of the catheter exits the dressing. **THERE IS NO NEED TO DISTURB YOUR DRESSING.****
 - d. Do NOT let anyone else touch the portion of the catheter tubing that was pulled out from your surgical site. Save the entire **Pain Care** apparatus in a sealed plastic bag and return it to us at your first post-op visit. The unit is not re-usable.