

Controlling your IBD

Pain

Top tips

- Everyone experiences pain differently, and if you have mild IBD you may not experience any
- IBD can cause cramps, aches and pains but it is possible to learn to manage these
- If you do have any pain, it is important to discuss it openly and honestly with your consultant
- Drug treatments (medicines) for pain management should be discussed with your healthcare practitioner
- Non-drug treatments (such as cognitive strategies, relaxation techniques, breathing exercises) can be an effective way of helping control and manage discomfort

If you have mild disease, you may not experience much, if any, pain

IBD may on occasion cause pain, so it is important that you develop ways of managing it. Each person with IBD will experience their pain very differently, if at all, and so you will need to find a way to deal with it that best suits you and the degree of pain you feel.

You may experience discomfort associated with IBD in a number of places, such as your stomach, rectum (back passage) and abdomen. These can result from many causes such as:

- Symptoms associated with IBD such as cramping, bloating, diarrhoea, constipation, indigestion
- Inflammation during active disease – i.e. when you are having a flare up
- Infection in your bowel, or blockage (obstruction) of your bowel; this is particularly common in Crohn's disease
- Examinations, such as endoscopy (involving minimally invasive surgery), which may cause moderate discomfort
- Abscesses and fistulae, which sometimes occur in severe IBD
- Post-operatively (after surgery) – surgery is usually necessary only in severe cases of IBD
- Symptoms not associated with the bowel, such as aching joints, eye irritation, skin irritation, mouth ulcers or muscular pain – experienced by a small percentage of people with IBD

As surgery is usually only required in severe disease, you are unlikely to experience post-operative pain in mild disease.

Be honest about your pain

If you experience pain it is important to know when you can manage it yourself and when you need medical attention, and this requires you to be truthful with your healthcare practitioner. If you play down your symptoms in the hope of avoiding treatment or surgery, your healthcare practitioner will not be able to offer you the best support and most appropriate pain therapy and help you to develop your own pain management plan. If you acknowledge your pain, so will your IBD specialists.

Types of pain

There are two types of pain: acute and chronic.

Acute pain: we feel this in response to an injury, inflammation, or an event. Examples you may experience include: during an acute flare; prior to going to the toilet; after surgery for severe IBD. Acute pain is short-lived, and once the cause is addressed it usually goes away. Consequently, IBD acute pain should not be ignored - it can be a sign of something that needs to be addressed, or may be symptomatic of a new condition. Note it down, and if it is unusual, report it your healthcare practitioner.

If your IBD is severe enough to require surgery, you will experience some pain following surgery - this is normal, and it will ease over time. The degree of pain will depend on: your previous experiences of

surgery and the mental preparation you have undergone; the type and length of the surgical procedure; the type of pain management implemented during your operation and the size and site of the surgical incision. You can discuss types of pain management after surgery with your IBD consultant or healthcare practitioner (see [Your IBD Consultation/ Purpose of consultation](#)). Also ask your surgeon, or your healthcare practitioner, what your expected healing time should be so you have a framework to work within. If you experience pain longer than you would expect, seek their advice.

There are many medications which can be used to control postoperative pain and your healthcare practitioner will decide on the most suitable pain management programme for you. Importantly, make sure you have adequate analgesia (pain killers) on your discharge from hospital, just in case you require relief for longer than you expect. Effective pain relief not only ensures a smoother postoperative course with earlier discharge from hospital, but it may also reduce the onset of chronic pain syndromes.

Surgery is usually only required in severe disease, but post-operative pain is generally short-lived, manageable and should be discussed with your consultant/IBD specialist

Endoscopy (that includes all types - upper, colonoscopy, capsule) can be performed without sedation; however, you are entitled to be sedated or not depending on your wishes. There are a wide range of options for sedation and pain relief, including throat sprays for endoscopy. Most hospitals have guidelines for ensuring that this is done correctly - if you have very active disease or have had major surgery you may wish to discuss this with the endoscopy unit so that instructions can be modified appropriately.

Chronic pain: when pain continues over some time it is known as chronic pain (arthritis or lower back pain are examples). However, chronic pain can also be of a recurrent, underlying kind. While acute pain is the more likely of the two you will experience, chronic pain can occur sometimes in IBD, depending on how severe your disease is. If you experience chronic pain, talk to your HCP.

Pain management strategies

Most people learn to successfully manage their pain, such as by avoiding circumstances which may cause it to get worse (e.g. stress, food), and/or through medication. You may not have much pain, or need much management; however, if you do need pain relief or find yourself struggling to manage, you must be honest with your healthcare practitioner - they are there to help you.

There are a variety of strategies aimed at helping you manage; while they may not take the pain away completely, they may reduce its intensity, making it feel more manageable and increasing your feeling of control. But be realistic in what you can achieve - if you have had major surgery, the pain will not go away immediately.

Drug treatments: these are medications that are prescribed by your physician or are available over the counter (OTC) from your chemist/pharmacist. There are many different medicines available to manage your symptoms and include OTC medicines like paracetamol, codeine, ibuprofen, diclofenac and naproxen. There are also prescription medicines available, such as tramadol, should they be required. However, you should always check with your healthcare practitioner before taking any OTC pain killers - they may advise you not to take certain medicines (for example nonsteroidal anti-inflammatory drugs [NSAIDs] such as ibuprofen [e.g. Nurofen], diclofenac and naproxen), which can make symptoms of IBD worse in some patients. However, most Crohn's disease patients, and many with ulcerative colitis, will tolerate NSAIDs.

Other therapies are available to treat your IBD, as opposed to being primarily prescribed for reasons of pain management. If symptoms are under control, your experience of pain should be reduced.

Non-drug techniques: there are many different non pharmacological techniques which can be used to cope with discomfort and pain and these are outlined briefly below. To find out more about these, and which would work best for you, you should discuss them with your healthcare practitioner.

Breathing exercises: simple and effective breathing techniques for pain control are especially effective for acute pain. Controlled breathing attempts to reduce the physical effects associated with

pain by slowing down the breathing; this has a relaxing effect on the body, which then reduces the perception of pain.

Abdominal/ full deep breathing

Abdominal breathing can be a very effective technique for managing chronic pain.

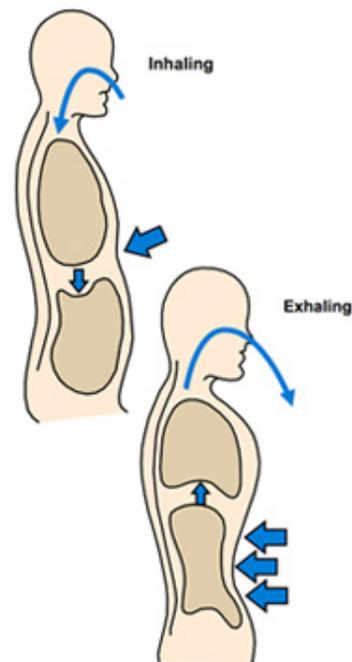
Start by placing one hand on your abdomen and one hand on your upper chest. Breathe normally for several breaths, paying attention to how your hands are moving (closing your eyes for these breaths can help you focus). If you feel your top hand moving more than the bottom hand, focus on breathing all the way down to your abdomen, utilizing ALL of your lungs. Breathing into the top part of your chest only is a stressed breathing pattern, and doesn't fully fill your lungs with all the oxygen your body needs.

Practice several more deep, easy breaths; as you do so, let your shoulders, neck and back relax. Continue this deep breathing for a few minutes if possible. Then go about your day feeling refreshed!

NB this exercise can also be done lying on your back for deep relaxation.

For further information on abdominal breathing:

www.mypainmanagement.net/abdominalBreathing/index.php



Alternate nostril breathing

1. While sitting up straight, close your right nostril with your right thumb and inhale just through your left nostril. Do this to the count of four.
2. Immediately close your left nostril with your right ring finger and little finger, while (at the same time) remove your thumb from your right nostril and exhale through this nostril. Do this to the count of eight. This completes a half-round.
3. Inhale through your right nostril while counting to four. Then, close your right nostril with your right thumb and exhale through your left nostril to the count of eight. This completes one full round.

Start by doing three rounds, adding one per week until you are doing seven rounds. Alternate nostril breathing should not be practiced if you have a cold or if your nasal passages are blocked in any way.

Relaxation training: this involves concentration and slow, deep breathing and tension release from muscles. Relaxation training can also help you focus your attention away from your pain. The aim of relaxation is to reduce the physical tension that is associated with pain, which then reduces the perception of pain. Relaxation tapes to help you learn these skills are widely available.



Meditation: this involves relaxing both mind and body through focused concentration such as prayer, yoga, or deep breathing.

Cognitive strategies: these strategies help you to be aware of, and change the way, you think about pain. The aim is to increase feelings of control about your pain. Strategies include:

- Distraction: to help you focus your attention away from your pain
- Imagery: detailed images and scenes can be imagined as a distraction
- Mindfulness: a type of relaxation that is aimed at accepting the pain, to change the way you think and respond to pain

Other methods:

- Massage
- Reflexology
- Acupuncture
- Reiki: a Japanese technique for assisting the patient's own healing response
- Homeopathy: which works on the principle that 'like cures like' (*NB: unlike the others, homeopathy involves taking a substance: no-one has been able to provide compelling evidence that homeopathy works, in any condition, not just IBD*)

You and your pain

If you have mild disease, the degree of pain you experience may be very low; indeed, you may not experience pain at all.

You can learn to manage pain by finding out what makes YOUR pain better or worse, and keeping a pain diary can be useful for this. This will help by giving you an objective record to discuss with your healthcare practitioner so you can both develop a pain management strategy. If desired, one can download the pain record form by clicking [here](#).

No one expects you to just accept your pain - pain is not an unavoidable consequence of your IBD to be borne patiently. Pain is unpleasant, and it can be debilitating - but it can also be managed. And when you can't manage it, your healthcare practitioner, nurses, doctors, surgeons, and pain management specialists are there to support you, so that your pain does not become the primary focus of your life, and so begin to rule your life.

When should you seek help for your pain?

You should seek help from your healthcare practitioner if you have pain associated with recent weight loss, vomiting, or if there has been a change in your pain or you are not managing your pain successfully.

If you have chronic pain you may be referred to a specialist pain team who can assist you to develop a personal pain management plan to effectively manage and help you feel more in control of the problems that arise with pain. This team is made up of doctors and nurses specialising in pain management, as well as psychologists and physiotherapists.

Pain management teams are generally used in situations where additional pain management strategies are required