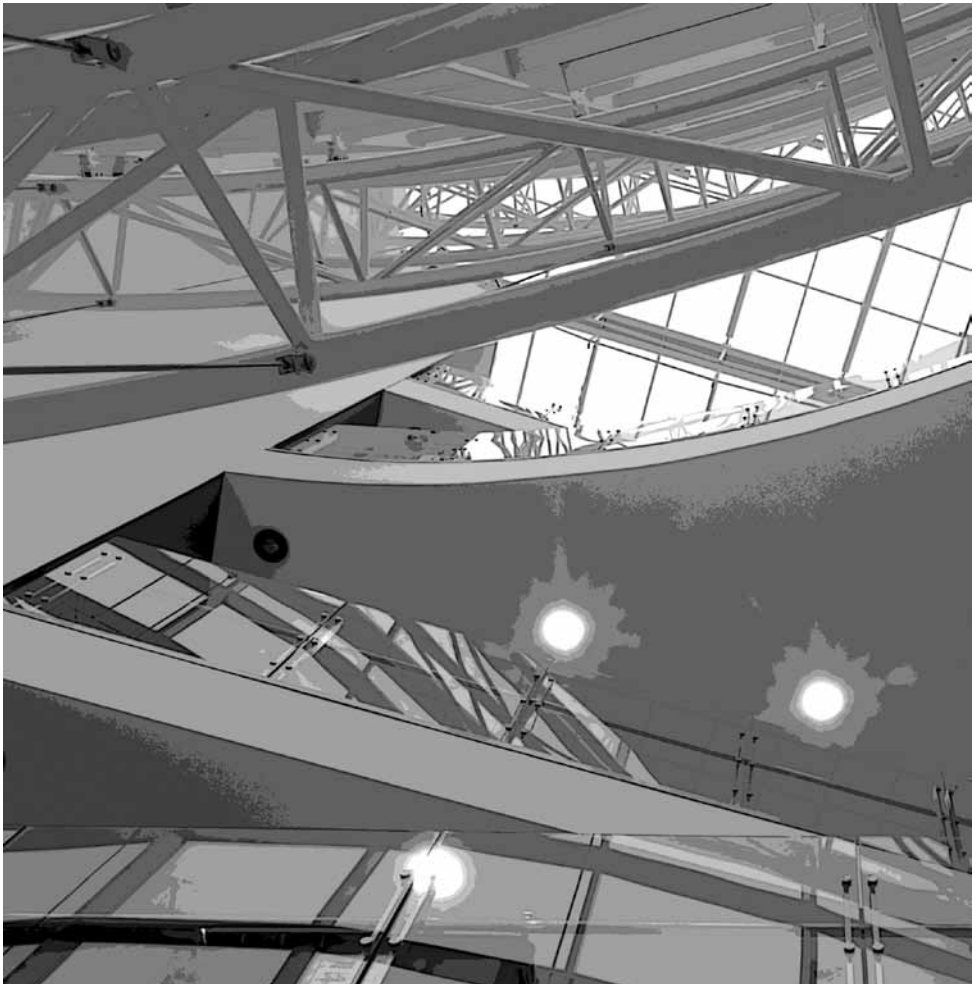


Department of Neurosurgery

# Intrathecal Morphine Trial for Adults

Information for patients



Miss Bojanic has seen you in clinic as you have pain which has not responded to oral painkillers or other pain management treatments.

This information sheet will give you more information about intrathecal (into the spinal fluid) morphine test doses and answer some of your questions. You will also have a separate leaflet, written by Medtronic, who manufacture the pumps, which gives information on the pump and how it works. If you have any further questions please do not hesitate to contact us. Contact details are given at the end of this leaflet.

## Morphine Therapy

You have probably tried many oral drugs and treatments to reduce your pain in the past. These will have included morphine. You have probably found the tablets to be either ineffective, or the side effects unpleasant because you need a large dose to control your symptoms.

We know that morphine is extremely effective when it is given directly into your spinal fluid. It will help to reduce your pain more efficiently. This in turn means that the dose needed is much smaller than the dose required by mouth, so you will experience fewer side effects.

## Intrathecal Morphine Trial

You have already been assessed in clinic and we think that intrathecal morphine may help manage your symptoms. During your admission you will have a trial of morphine and then we can decide if it will work for you.

The length of your admission will be between 2-3 days, depending on the success of the trial. This will involve an assessment of your pain before the trial dose, one or more lumbar punctures (injections into the spine) usually 12 hours apart, and an assessment of your pain after the trial dose. We will give you gradually increasing doses until an effective dose is found.

## Precautions

It is important that you stop certain drugs before surgery, especially ones that thin your blood. If you are taking aspirin, warfarin, clopidogrel, any other drugs that thin the blood, or some types of painkillers, such as ibuprofen and diclofenac (Voltarol), it is very important that you contact the hospital at least two weeks before your admission. If you are taking warfarin we may need to admit you earlier before your operation, but each case varies, so it is important that you phone the hospital team so that we can discuss a plan for you.

## The day of admission

On the day of admission you need to telephone **01865 231526** to check that a bed is available for you. You will be given a time to come in.

We will always do our best to make sure you have your operation as planned. However, we do have emergency admissions and sometimes this may mean that your admission / operation may have to be postponed.

## Arriving at hospital

Please come to the Neurosciences Ward on level 2 in the West Wing of the John Radcliffe Hospital. Pay and display parking is available under and around the West Wing building.

In accordance with our Privacy and Dignity policy we will always try give you a bed in a bay with other people of the same sex and to make sure you have access to the appropriate shower and toilet facilities. During your hospital stay we may need to move you to another bed or ward. In rare circumstances we may have to put men and women in the same bay. In this case we will make every effort to move you to a single sex bay as soon as possible.

With your permission we will list your name and bed number on a poster board so that all our staff know where you are on the ward.

Visiting hours on the ward are from 3pm to 8.30pm. This allows patients to have time to rest. We request that only **2 people** visit at any one time. Flowers are no longer allowed on the wards for the purposes of health and safety and infection control.

The nurse will explain the menu system and how to order food.

You may require some extra tests and your blood pressure, pulse and temperature will be checked. You will be told approximately what time your operation will be and when to stop eating and drinking.

## Risk of complications

There is a small risks of complications and side effects associated with intrathecal morphine treatment including complications of haemorrhage, infection and spinal fluid leak, and side effects of nausea, light-headedness, and rarely, difficulty breathing.

## Consent

Our aim is to make sure that you have enough information to help you make an informed decision about whether to go ahead with the trial dose or not. You should have the opportunity to talk with different members of the Pain and Spasticity Team about any concerns or questions that you may have.

If you decide to go ahead with the trial dose, a Surgeon who understands all the possible risks and benefits will explain the procedure to you. If you are happy with the explanation you will then be asked to sign a consent form before the procedure takes place.

## The day of your procedure

The nurse will help you to get ready for theatre. You will be asked to wear a theatre gown and special stockings to reduce the risk of a blood clot (deep vein thrombosis) developing in your leg.

The anaesthetist will see you to talk to you about the anaesthetic. When it's time, the nurse will take you down to the anaesthetic room, where you will be prepared for your procedure.

## After the procedure

You will be taken back to the ward and we will monitor your pulse, blood pressure and breathing regularly.

## Follow-up

If the trial is successful, we will apply for funding from your Primary Care Trust (Health Authority) to implant the pump. This therapy is not routinely funded by Primary Care Trusts. There have been cases where funding has been declined. We will do our best to secure funding for your pump implant. Waiting time for this to come through varies from one health authority to another but may take about six months. Once we have heard that funding for your pump is approved you will go onto the waiting list for surgery. We aim to get the operation performed within six months of you going onto the list.

## Questions or concerns

If you have any questions that you would like to discuss before you come into hospital or after you have left hospital you can contact one of the Clinical Nurse Specialists on:

Direct line	<b>01865 231874</b>
Fax	01685 231870
E-mail	karen.dawson@orh.nhs.uk liz.moir@orh.nhs.uk

or

**Miss Stana Bojanic – Consultant Neurosurgeon**

Via Sharon Cole (Secretary)	<b>01865 231883</b> sharon.cole@orh.nhs.uk
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If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

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