

# Rapid pain relief in the surgical ward

By HelenP Bressler

As a soon to be RN I have been taking my own caseloads whilst on clinical placement. Recently one of my patients had two surgical drains in-situ. One drain had already been removed a couple of days earlier. The removal had apparently caused a great deal of discomfort and 'Jeff' had screamed out. Jeff was understandably very worried about having the second drain removed. Also, on the afternoon that I had taken over Jeff's care the ward was short staffed and extremely busy. I therefore had very little time to dedicate to Jeff and the removal of the drain.

At the beginning of the shift I told Jeff that his drain was due to come out that afternoon and suggested a strong analgesia be given an hour prior to the task. Jeff was only comfortable with taking acetaminophen, a very weak pain reliever that is not expected to even touch the pain involved.

An hour later when I returned to remove the drain I asked Jeff if he had ever heard of EFT to which he replied that he had not. I explained that EFT was an effective system of addressing emotional and physical discomfort by tapping gently on various points. Jeff was very interested in acupuncture and the meridian system and was happy to try EFT.

As mentioned above, the time allocated to Jeff was extremely limited and so I had to prioritize. We performed the setup by Jeff rubbing on his sore spot whilst I cleaned the drain area and removed the stitch holding the drain tube in-situ. I then asked Jeff to tap on the collar bone point. It must be highlighted that no words were used, either during the setup or with Jeff tapping on his collar bone point. As Jeff lay on his side tapping on his collarbone point I removed the drain, cleaned the wound and redressed the area. Jeff had flinched slightly but was amazed that the drain had come out with only minimal discomfort.

Try it on everything, in every situation!

Blessings,

Helen P Bressler.