**Supplementary information**

**PREOPERATIVE PAIN INFORMATION**

Additional information will involve:

* 1. Emphasize patient’s own role in pain management
  2. Improved knowledge
  3. Being active in their own treatment–asking for help with pain management
  4. Benefits of well-treated postoperative pain
  5. Physiotherapy crucial for recovery
  6. Easier to prevent pain than treat existing pain
  7. Use of basic medication prior to exercise

•Have you had pain before?

•Tell me about what you did to relieve your pain. (E.g. over-the-counter medication, or local herbs/medication traditional and non-traditional therapies).

•What was you experience after using the measures mentioned above? (E.g.no relief, mild pain relief, moderate pain relief, total pain relief).

•As part of good medical care you will receive an appropriate assessment and management of your pain.

•Management of your pain involves you (the patient), your attendant/caretakers and the health workers. Please always report when you are in pain.

•Your pain is managed best when treated early enough and continuously.

•Use of basic pain medications such as paracetamol is better under the guidance of a health worker.

•Controlled substances for instance morphine or pethidine, when used as prescribed, often have a role in effective pain management.

•In the treatment of pain, true addiction is uncommon. You should not be reluctant to seek pain relief because of the fear of addiction. (Addiction is the compulsive use of controlled substances for non-legitimate purposes and is associated with loss of control and use despite harm.)

•Medication side effects usually can be controlled and/or resolved over time.

•If you feel your medication is no longer working, treatment regimens can be modified as long as you inform the health worker.

•Pain relief may not be immediate.

•Not all kinds of pain can be completely relieved.

•The advantages of effective postoperative pain management include:

1. Patient comfort.

2. Earlier mobilization

3. Fewer lung complications

4. Fewer heart complications

5. Reduced risk of blood clots

6. Less likelihood of the development of nerve pain.

7. Decreased stay in hospital (reduced cost of care).

•Other therapies, used alone or in addition to medication, are often effective in treating pain such as:

**Comfort measures** such as clean sheets, soft pillows, warm blankets, and clean environment or well ventilated environment have been used by caregivers throughout history to relieve pain and suffering.

**Position change and movement** are good pain-relieving interventions. Moving the body, even a small amount, relieves muscle spasm and provides a degree of pain relief therapy. You do not need to wait for a specialist to offer such important pain-relieving interventions unless you have been told so.

**Massage** relieves muscle spasm, improves circulation, and provides cutaneous stimulation. This involves rubbing the skin in various patterns and degrees of pressure.

**Applications of hot and cold packs** are effective pain-relieving measures when used appropriately. Heat decreases muscle spasm and increases blood flow to an area. Cold decreases blood flow, oedema, and inflammation and may decrease muscle spasm and pain.

**Adaptive devices** are pieces of equipment that assist clients in carrying out the activities of daily living with reduced pain and greater ease such as walking sticks, arm slings etc.

**Relaxation exercises** are useful ways to reduce anxiety, decrease muscle tension, and lower blood pressure and heart rate. They induce a state of altered consciousness and give individuals a sense of control and peace of mind.

**Distraction** diverts the attention of individuals away from painful stimuli. When people focus on something that gives pleasure, they are less likely to feel acute pain.

Ask questions about pain management in hospital.

**PROCEDURE**

* All patients admitted for elective upper and lower limb surgery, were expected to have a preoperative visit by the anesthetic provider on the day before surgery.
* Those who consented to participate in the study were be randomized to either the intervention or control group.
* The intervention group privately received specific preoperative information about pain from the principal investigator in addition to the preoperative assessment.
* The following variables were recorded preoperatively: socio-demographics (age, gender, tribe, education level) and pulse rate.
* A Numerical pain rating scale was explained to all patients before a score was recorded preoperatively.
* The patient (control or intervention group) was also informed that the pain scores would be repeated after surgery. A trained assistant took the pain scores again after surgery at 0, 12, 24, 48hours or till discharge if less than 48hours. In addition the pulse rate, number of intramuscular/intravenous/oral analgesics needed/or given were recorded.
* Assessed pain using the VNRS was classified as no pain (1-3), pain (4-10) but also as no pain (0), mild (1-3), moderate (4-6) and severe pain (7-10).
* Intra operatively, the anesthetic technique (general or regional), medications given, duration of surgery were recorded in the questionnaires.
* Postoperatively when a patient was found in pain, the doctor/nurse on duty was informed so as to manage it according to their discretion.
* All filled data collection tools were checked for completion on a daily basis.
* Data was entered into EPIDATA-Entry software.