

Efficacy of pain control following Lower Segment Cesarean Delivery under Intrathecal Anaesthesia And the need for opioid use in the first 24 hours

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Background

Inadequate Pain relief following Lower segment C-Section slows recovery, reduces patient's level of satisfaction and increases hospital stay.^{1,2,3} Use of intra-thecal morphine is now widely accepted for analgesia during and following caesarean section because it promotes adequate and long-lasting postoperative analgesia even at low doses.^{4,5} However, it may cause side effects such as nausea, vomiting, pruritus, sedation, and respiratory depression. The quality of analgesia and incidence of side effects may vary according to the intra-thecal dose of morphine used⁵. 100micrograms is considered safe⁶. Inadequately controlled pain in the postoperative period can lead to the development of chronic pain.

Aims:

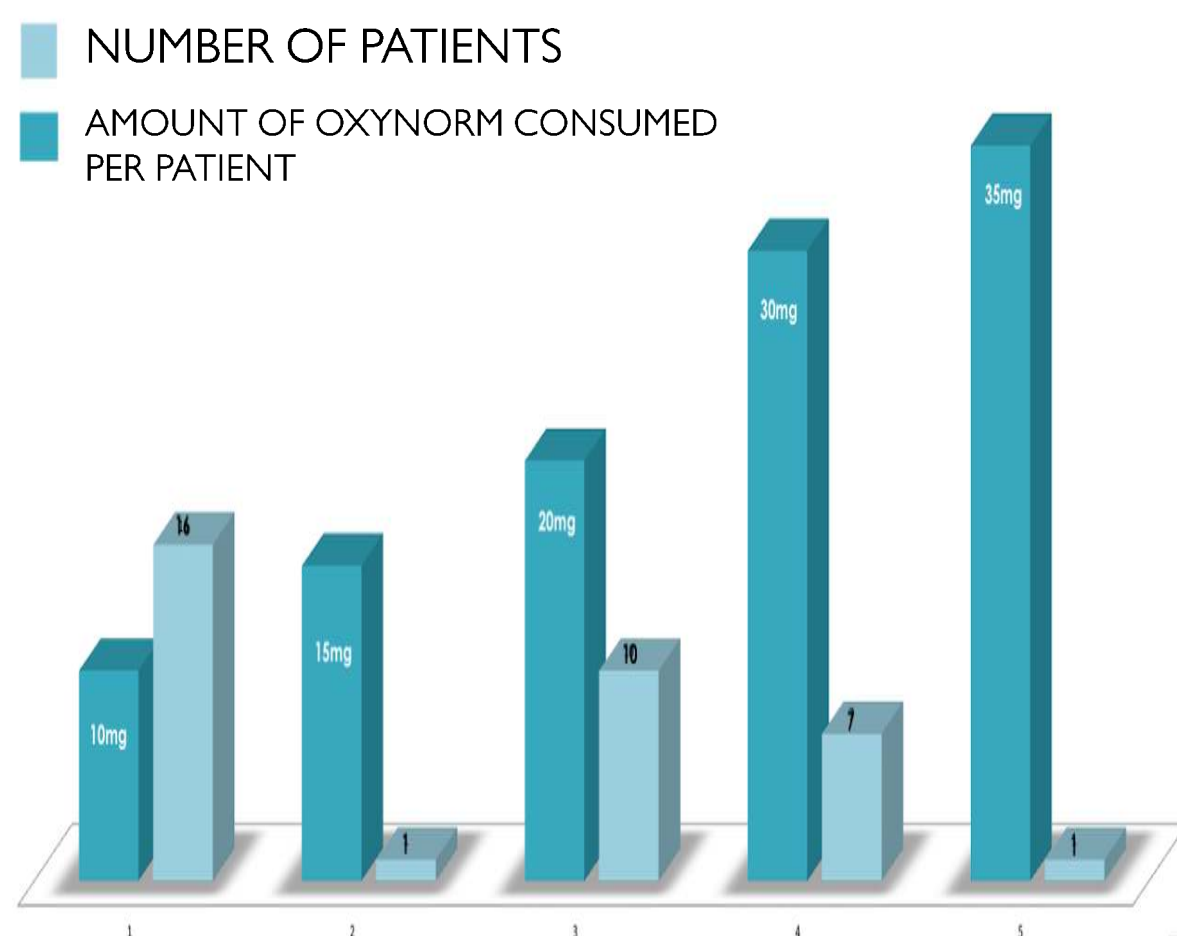
Aim of this audit is to assess the efficacy of pain relief following surgery with reference to consumption of opioids in first 24hours and possible solutions to treat inadequate pain relief post operatively in nursing mothers.

Methodology:

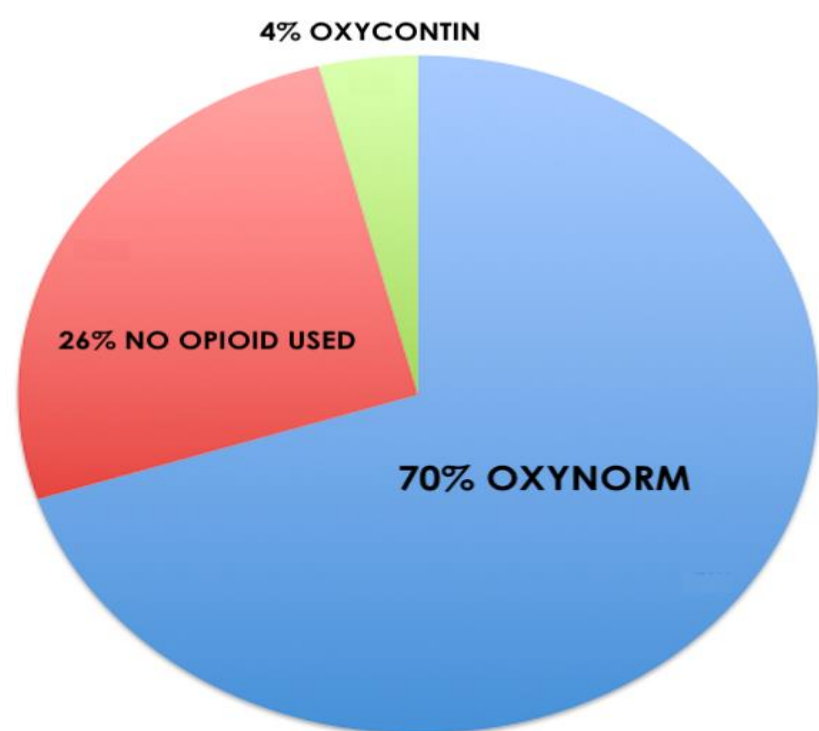
After taking approval from the local audit committee, data of 50 patients (elective/emergency) was collected. Consumption of Opioids, Paracetamol, NSAIDS and side effects were recorded in the first 24 hours following surgery.

Result : 74% of patients consumed Opioids in the first 24 hours following Caesarean Section under Intrathecal Anaesthesia. All patients received Paracetamol 1gram PR and Diclofenic 100mg PR in the immediate post operative period in the theatre.

Anaesthesia	Number of Patients
SAB Alone	03
SAB+intrathecal Morphine 100mcg+Fentanyl 20mcg	45
SAB + Morphine 300mics + Fentanyl 15mcg	02



PERCENTAGE OF PATIENTS WHO CONSUMED OPIOIDS IN THE FIRST 24 HOURS FOLLOWING SURGERY.



First 24 hours Post SAB	Number of Patients
Side Effects	22
1. Itching	14
2. Nausea/Vomiting	8
3. Drowsiness	0
4. Respiratory Depression	0

CONCLUSION:

We Conclude that Patients who underwent surgery with intrathecal morphine experienced significant pain and still needed oral opioids. We found only minor side effects in patients who consumed opioids in the first 24 hours following SAB with intrathecal morphine.

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