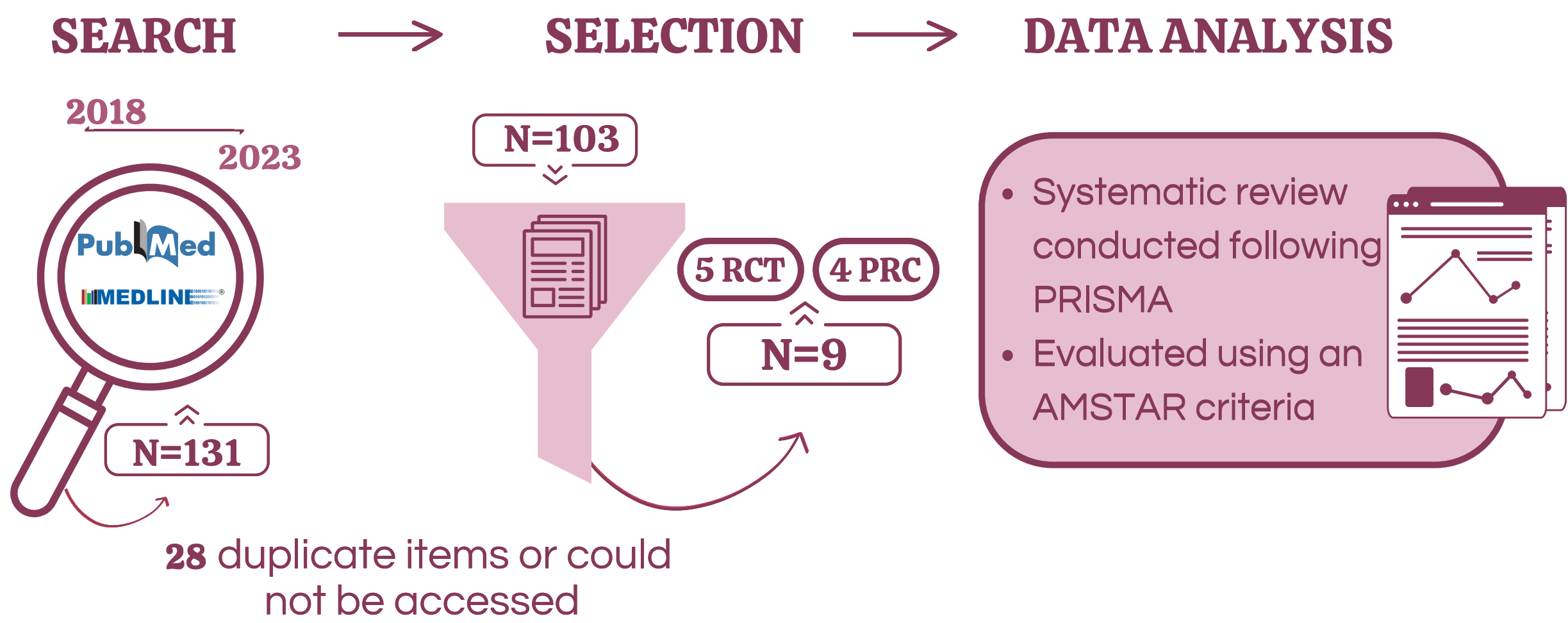


Opioid post-cesarean pain management in the context of precision dosing: a systematic review

INTRODUCTION

- **Cesarean section (CS)** is one of the most significant surgical interventions and stands as the **main cause** of intense **postoperative pain**
- Literature **diverges** on the efficacy and modalities of opioid analgesia
- We aim to evaluate the **current procedures** and **dosages** of commonly used opioids and adjuvants, addressing novel perspectives of individualized care for post-cesarean pain

METHODS



RESULTS

- Patients between 16 and 45 years old were evaluated
- Greater efficiency of **Intrathecal Morphine (IM)**, when compared or associated with the Transversus Abdominis Plane (TAP) block and the Posterior Quadratus Lumborum (PQL) block
- The **lowest dose** possible mitigates the adverse effects and ensures efficient pain relief
- The increase in adjuvant **NSAIDs** doses can lead to a **decreased opioid dose**, maintaining similar pain scores
- Specific health conditions may require higher opioid dosages

DISCUSSION

- **Association of NSAIDs** and opioids can be a reliable way to **enhance outcomes**, as shown by the promising synergistic combination of pentazocine and diclofenac
- Optimal post-CS pain management for women is crucial to ensure their well-being, prognosis, adequate breastfeeding, and **shorter hospital stays**, benefiting both patients and the healthcare system
- Each opioid therapeutic intervention has shown **optimal results** in the following dosages and associations: **IM 60µg-100µg**; pentazocine 30-60mg + rectal diclofenac 100mg; spinal morphine 0.1mg

The best method of pain management for post-cesarean patients is 60µg-100µg of intrathecal morphine that can be paired with NSAIDs to enhance effect and avoid side effects



FUTURE Perspectives

Future research is needed, especially **randomized controlled trials**, to embody **diverse populations** and **progress** in the field of precision dosing post-cesarean surgery

With **optimal post-CS pain management**, it will be possible to shorten the length of the patient's hospital stay, enhancing patient prognosis, avoiding potential complications, and, consequently, **reducing the burden** of hospitalizations on the **healthcare system**

Good pain management ought not to depend upon stiff protocols – it should consider **specific pain manifestations** and **dosing requirements** while still providing guidance and patient safety

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