Ouch! Managing Intra-Operative Pain During LSCS

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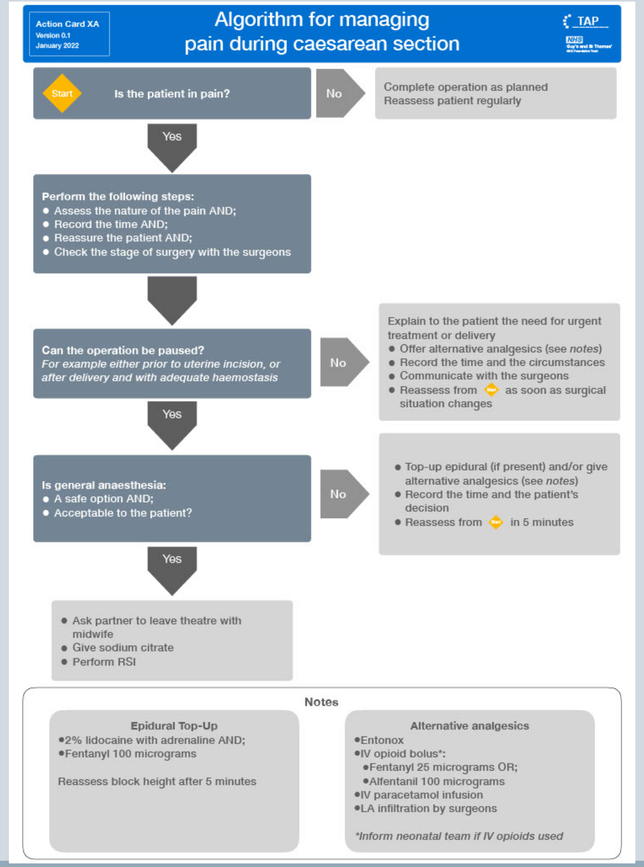
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Introduction

- Pain during LSCS requiring additional analgesia occurs in 1 in 20 spinals and 1 in 7 epidurals [1-3]
- Conversion to GA occurs in 1 in 50 spinals to 1 in 20 epidurals [1-3]
- Despite this, there is little published to advise trainees how to manage pain [2-3]
- Given the high rates of medicolegal action in obstetrics, it seems prudent to have guidance for managing intra-operative pain during LSCS

Methods

- Online survey sent to our tertiary centre obstetric consultant anaesthetist body
- Consensus opinion gathered to form a flowchart to guide clinical management



Results

- 8 obstetric consultant anaesthetists consensus opinion
- 7/8 routinely consented for pain during LSCS
  - Only 2/8 quantified the risk
- 6/8 also routinely consented for potential conversion to GA
- All consultants would base management on whether an epidural catheter was present and patient preferences
- All consultants would bolus the epidural if present, prior to considering GA
- Flowchart to guide management was created based on the survey results

Discussion

- Numerous articles about managing pain prior to starting LSCS or postop, but a dearth of information about how to manage pain intra-op [1-3]
- Although this is a locally agreed guideline, a national consensus opinion and guideline would be useful to guide practice, improve patient experience (including reducing the risk of PTSD), and avoid litigation in obstetric anaesthesia

References

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3. Keita, Deruelle, Bouvet et al (2021) Raising awareness to prevent, recognise and manage acute pain during caesarean delivery: The French Practice bulletin. *Anaesthesia, Critical Care and Pain Medicine* 40(5): 100934