New caesarean section analgesia guide: repeat post implementation maternal survey

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Introduction

Pain is the leading undesirable clinical outcome associated with caesarean section (CS).[1] Adequate post-operative analgesia allows earlier mobilisation, reduces risk of DVT and most importantly, enables breastfeeding and care of the newborn. Post-CS analgesia regime changed recently in at eight and 20 hours post procedure and oramorph 10mg as required along with laxative. Initial audit data immediately after the change were promising. The audit cycle was repeated a year following the change to monitor on-going analgesia and maternal satisfactionour unit. Regular tramadol 50mg and as required were replaced with oral modified release morphine 20mg. This audit also investigated the as-required opioid requirement post CS during hospital stay.

Methods

30 patients who underwent elective CS were reviewed in hospital within the first 24 hours and followed up by phone 7 days after operation. Consents were obtained from patients to participate during initial visit. A standardised questionnaire was used for both follow-ups.

Case notes review was carried out in the 40 most recent patients who underwent CS, reviewing the amount of as-required opioid requirement during hospital stay post CS.

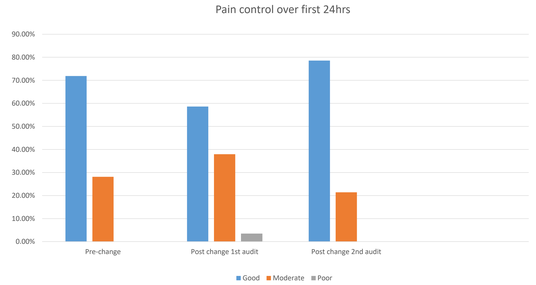
Results

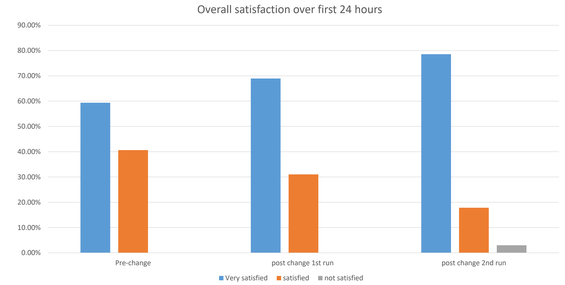
Pain control first 24 hours				Pain control first 7 days			
	Pre-change	immediate post-change	1 year post-change		Pre-change	immediate post-change	1 year post-change
Good	71.88%	58.62%	78.57%	Good	53.13%	75.86%	78.57%
Moderate	28.13%	37.93%	21%	Moderate	43.75%	24.14%	21.42%
Poor	0%	3.45%	0%	Poor	3.13%	0%	0%
Satisfation first 24 hours				Satisfaction first 7 days			
	Pre-change	immediate post-change	1 year post-change		Pre-change	immediate post-change	1 year post-change
Very satisfied	59.38%	68.97%	78.57%	Very satisfied	53.13%	75.86%	64.28%
Satisfied	40.63%	31.03%	17.85%	Satisfied	43.75%	24.14%	25%
Not satisfied	0%	0%	3%	Not satisfied	3.13%	0%	10.71%

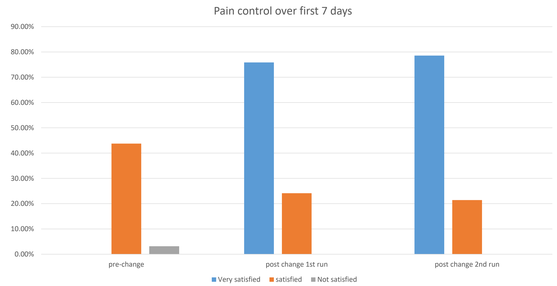
Post CS, patient on average requires 1.58 dose of PRN oramorph within first 24 hours and 3.87 doses during hospital stay.

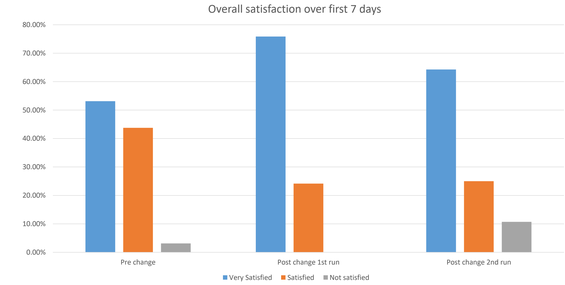
Discussion

Both pain controls over 24 hours and 7 days improved for changing from tramadol to morphine. Although pain control improved, there were a portion of patients reported ‘not satisfied’, perhaps due to the side effects. More patient education on side effects and availability of antiemetic and antihistamine potentially can further improve patient satisfaction. With no previous data, we cannot compare the amount of PRN oramorph requirement compared to previous regime. However, the data demonstrated a broad spectrum of requirements.









1. Patient preferences for anesthesia outcomes associated with cesarean delivery.
Carvalho B, Cohen SE, Lipman SS, Fuller A, Mathusamy AD, Macario A
Anesth Analg. 2005 Oct; 101(4):1182-1187.