

An opiate in sheep's clothing? The impact of intrathecal opiate on length of stay following repair of perineal tears in the post-partum patient

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Introduction

Almost three percent of vaginal births result in a perineal tear requiring theatre intervention ^[1]. There is limited guidance and literature regarding the use of intrathecal opiates (ITO) to supplement regional anaesthesia for this. ITOs have the potential to impact maternal recovery, which can be assessed by length of stay (LoS) ^[2]. We aimed to assess the impact of the use of ITO.

Method

Three maternity units in the West of Scotland were retrospectively studied over a three year period. Data was collected from Badgernet. Third and fourth degree repairs were included.

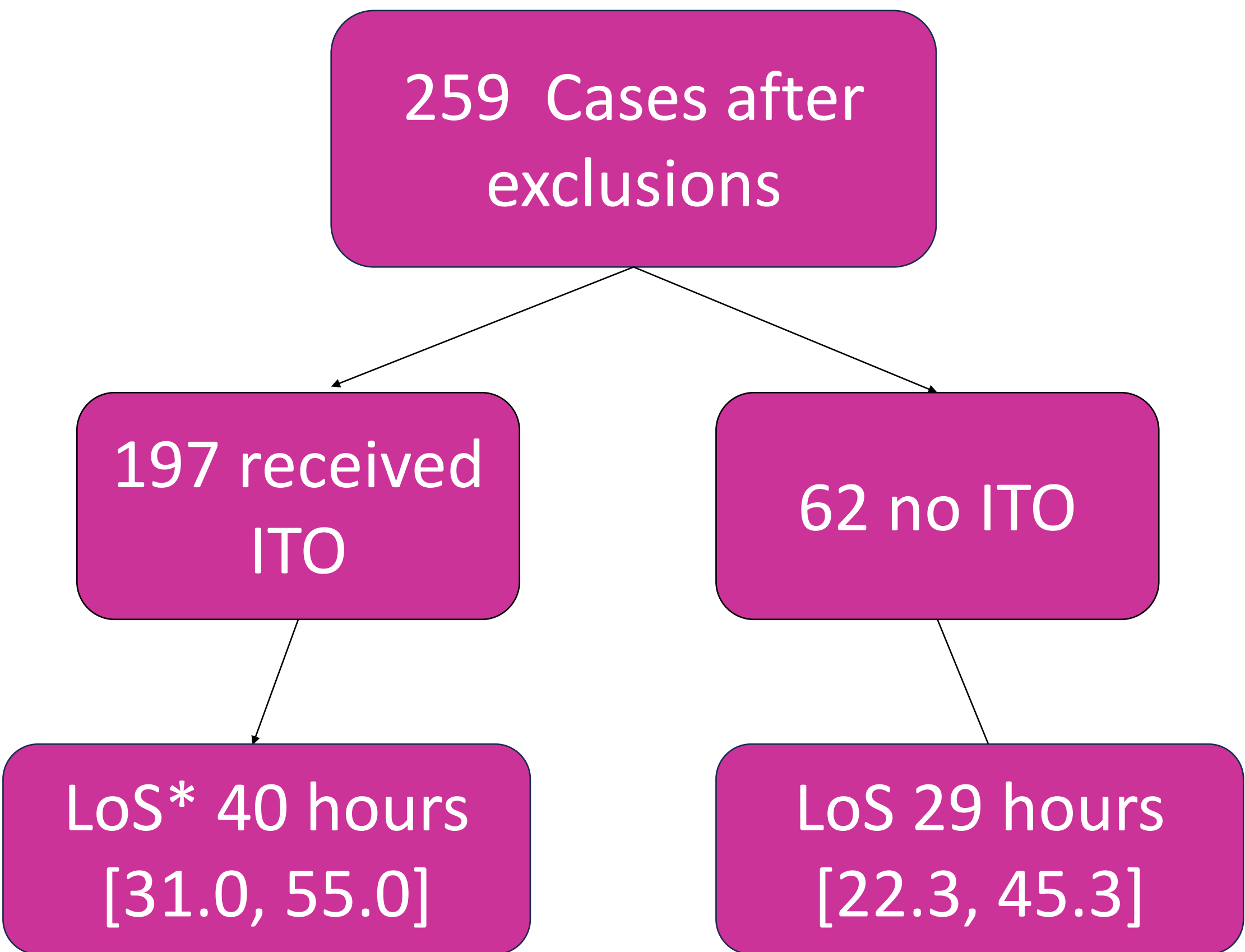
Those who received a general anaesthetic, epidural top-up or had incomplete data were excluded.

Mann-Whitney U to assess change in LoS. Grade and sex of anaesthetist was collected & Chi-Squared analysis used to assess if this influenced decision to give ITO.

References

1. Royal College of Obstetricians & Gynaecologists (2015) Third & Fourth-degree perineal tears, management. Green-top Guideline No.29
2. Tan and Peng Chion. "Hospital discharge on the first compared with the second day after a planned caesarean delivery: a randomized control trial". Obstetrics and Gynaecology 120.6 (2012): 1273-1282.

Results



**LoS = length of stay, expressed as median with [IQR]. Statistically significant difference between cohorts (p<0.001)*

Seventy three percent of male and 80% of female anaesthetists administered ITO (p=0.184). Fifty six percent of consultants, 70% of SAS and 79% of trainees administered ITO (p=0.031). Eighty two percent of anaesthetics were trainee led.

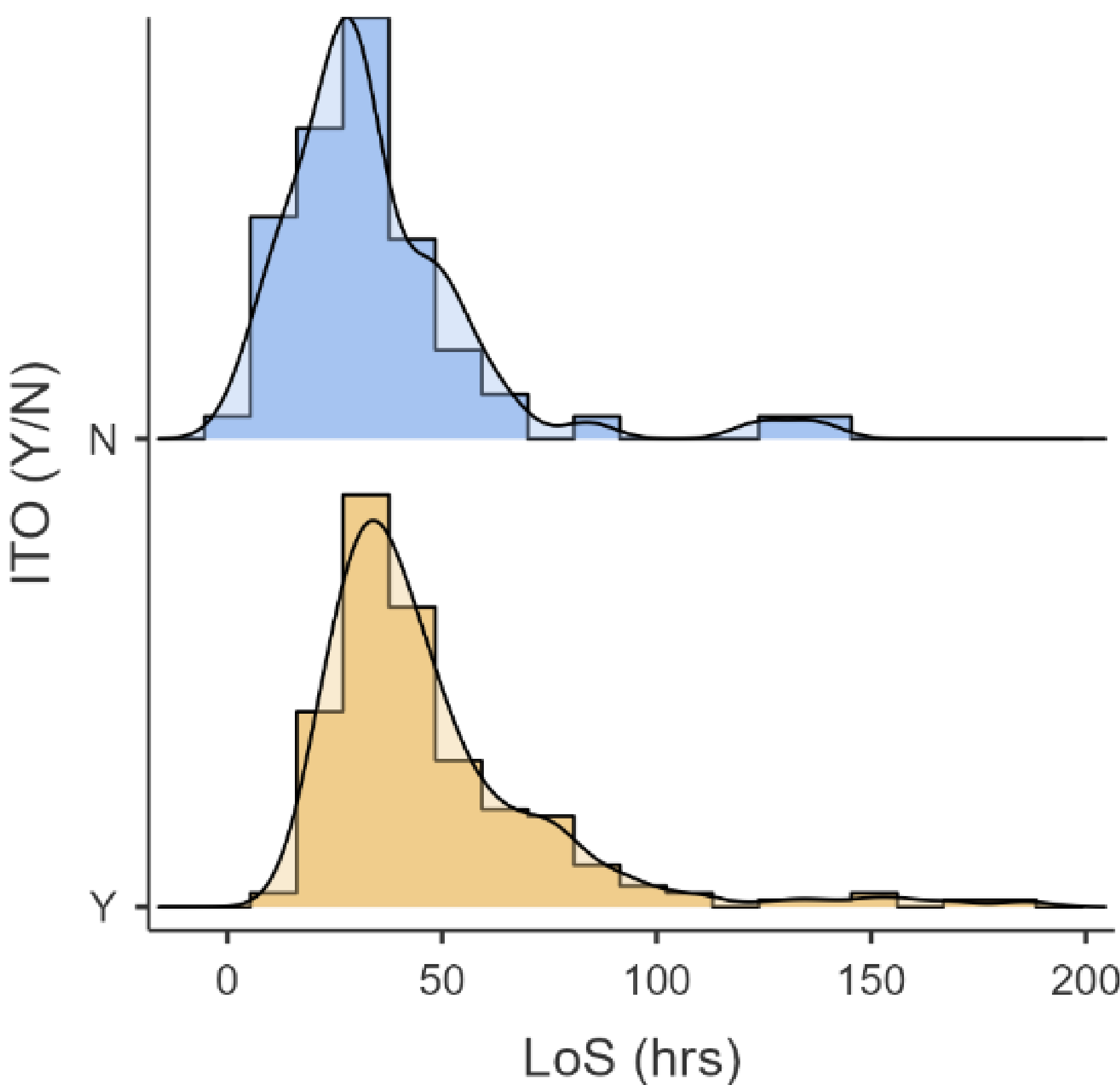


Figure 1. Comparison of length of stay after perineal tear repair with or without use of intrathecal opiate

Discussion

These results suggest that addition of ITO to spinal anaesthesia was associated with a longer LoS following repair. Consultants were less likely to administer ITO. This study is limited by incomplete data and an inability to analyse variation in LoS by specific ITO and doses due to low sample size. Consideration needs to be given for the various factors that may affect maternal LoS. This variation in practice highlights the need for more research into patient centred outcomes for this common presentation. This need is magnified given the majority of anaesthetics were trainee led.