



Trust guidelines for assessment of neuraxial block in obstetrics and management of intraoperative pain during Caesarean section

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INTRODUCTION

- Patient experience of intraoperative pain during Caesarean section under neuraxial block must be handled effectively to prevent negative sequelae.
- Our previous work¹ revealed a variety of techniques for assessing neuraxial block and management of intraoperative pain.
- We reviewed the evidence and produced a guideline which could standardise practice.

METHODS

- We reviewed the literature² and created a guideline which includes pre-operative patient preparation, a multi-modal method for block checking and a flowchart to guide management of intraoperative pain.
- We then surveyed our workforce to assess whether our guideline was easy to follow and would be useful in practice.

RESULTS

- Our flowchart is as shown in Figure 1, providing guidance from first experience of pain and additionally, post-procedure management.

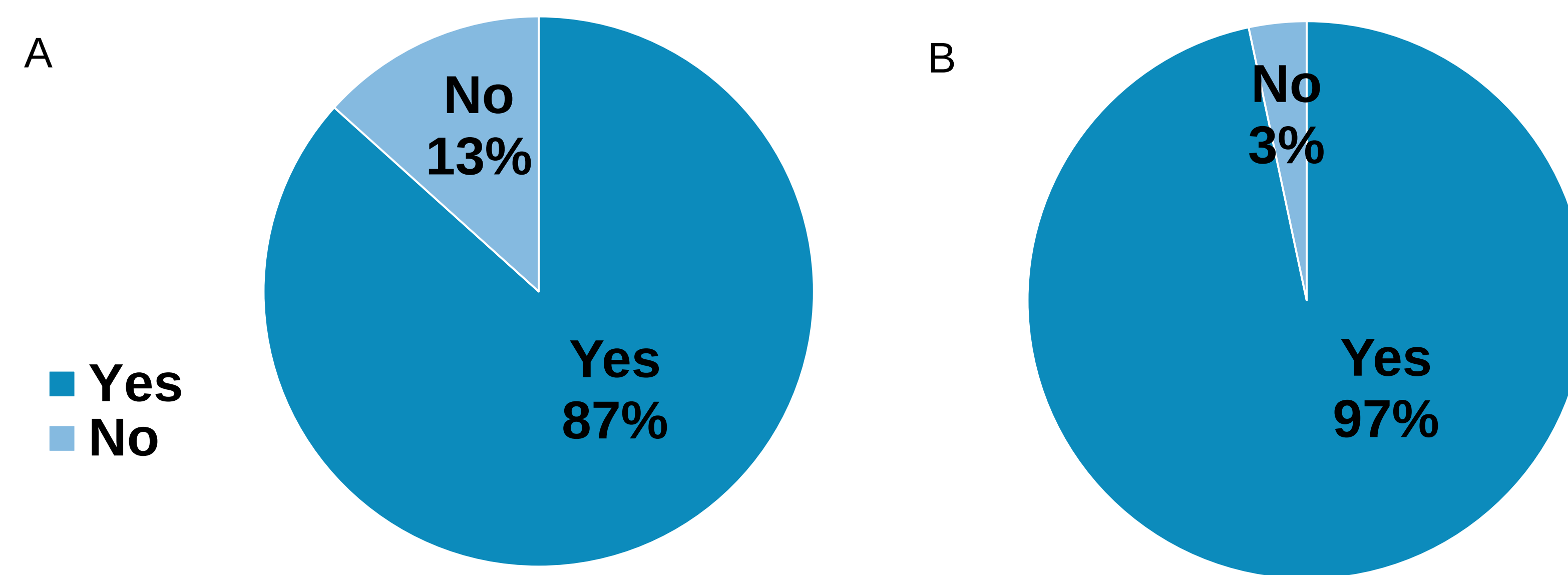


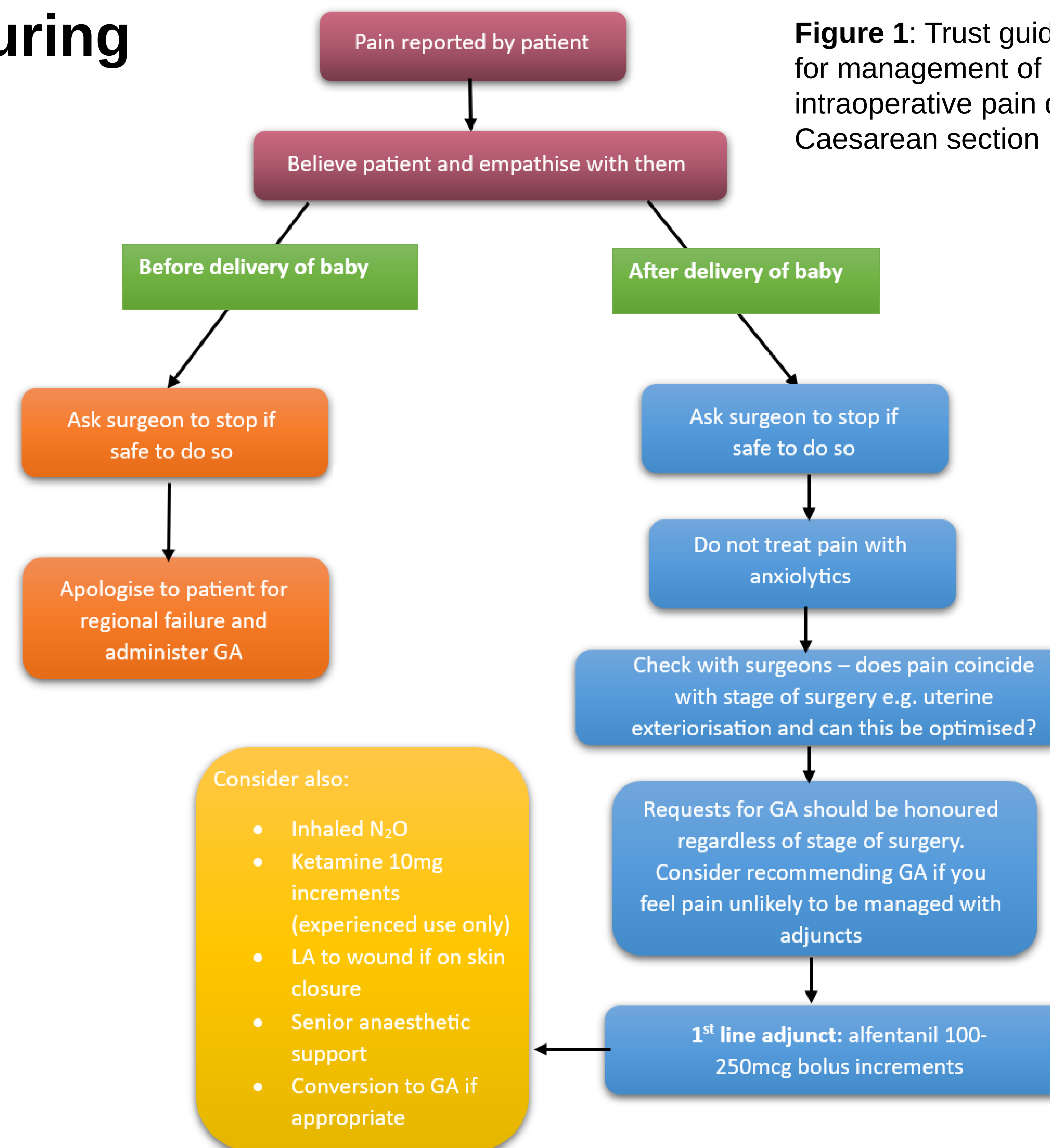
Figure 2: Survey participants were asked if they would find the algorithm useful to aid their practice (A) and if they found it easy to follow (B)

DISCUSSION

- Standardisation of care is likely to lead to better patient care, particularly with those less familiar with obstetric anaesthesia.
- Our guideline provides clear steps, including the importance of follow up.

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Figure 1: Trust guideline for management of intraoperative pain during Caesarean section



Post procedure:

- Ensure accurate documentation including recommendation for GA and/or any treatment given and patient's response to treatment
- Ensure follow up, ideally by a senior anaesthetist *before discharge* and inform the patient's GP

References

- 1.S. Collinson, et al. P70 Assessment of neuraxial block and management of intraoperative pain in obstetrics. *International Journal of Obstetric Anesthesia* 54S1 (2023)
- 2.Plaat F, Stanford SER, Lucas DN. Prevention and management of intra-operative pain during caesarean section under neuraxial anaesthesia: a technical and interpersonal approach. *Anaesthesia*. 2022; **77**: 588-597