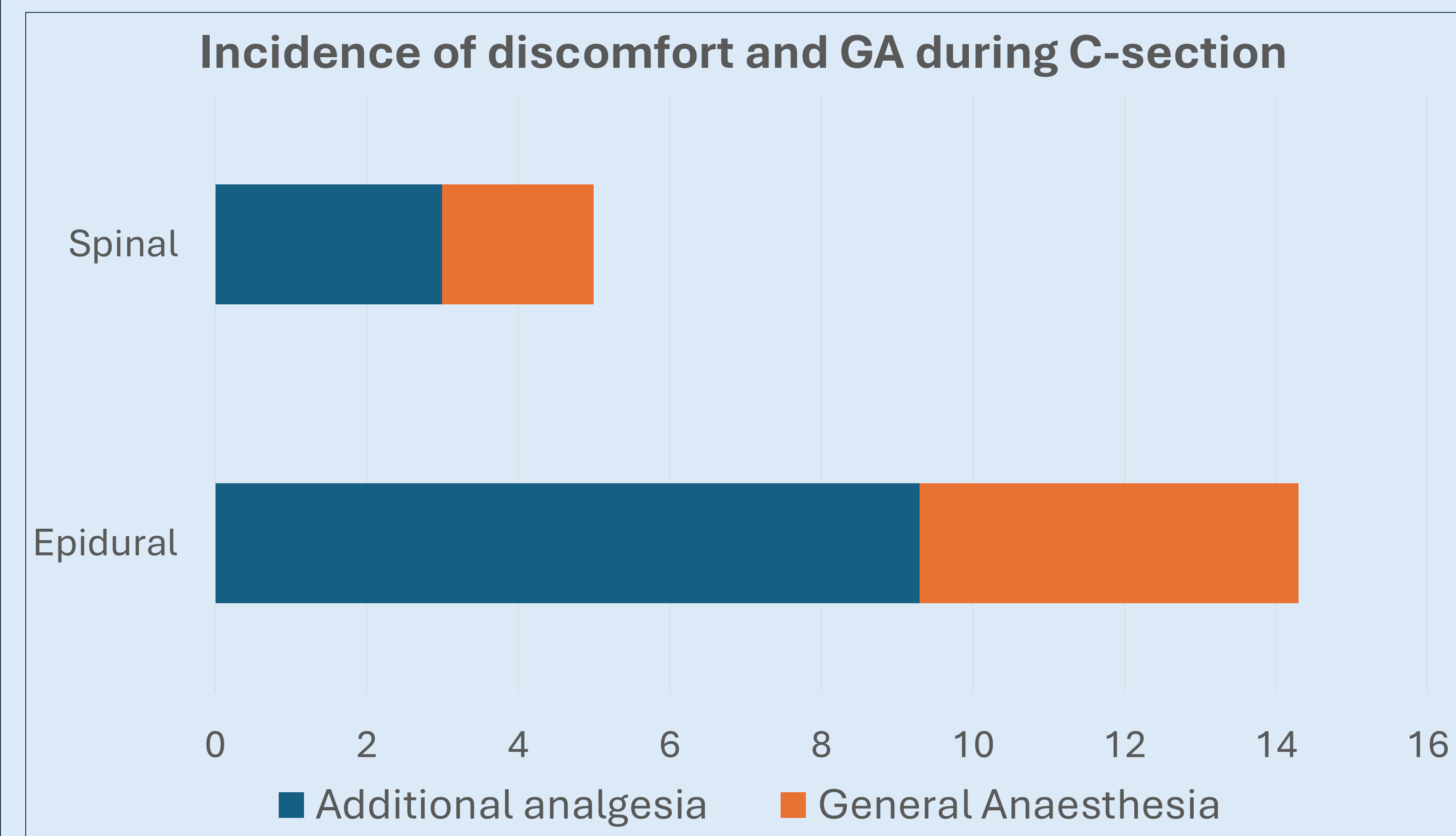


OUCH!!

**DO NOT ignore this pain!
Pain during C-Section is REAL!**

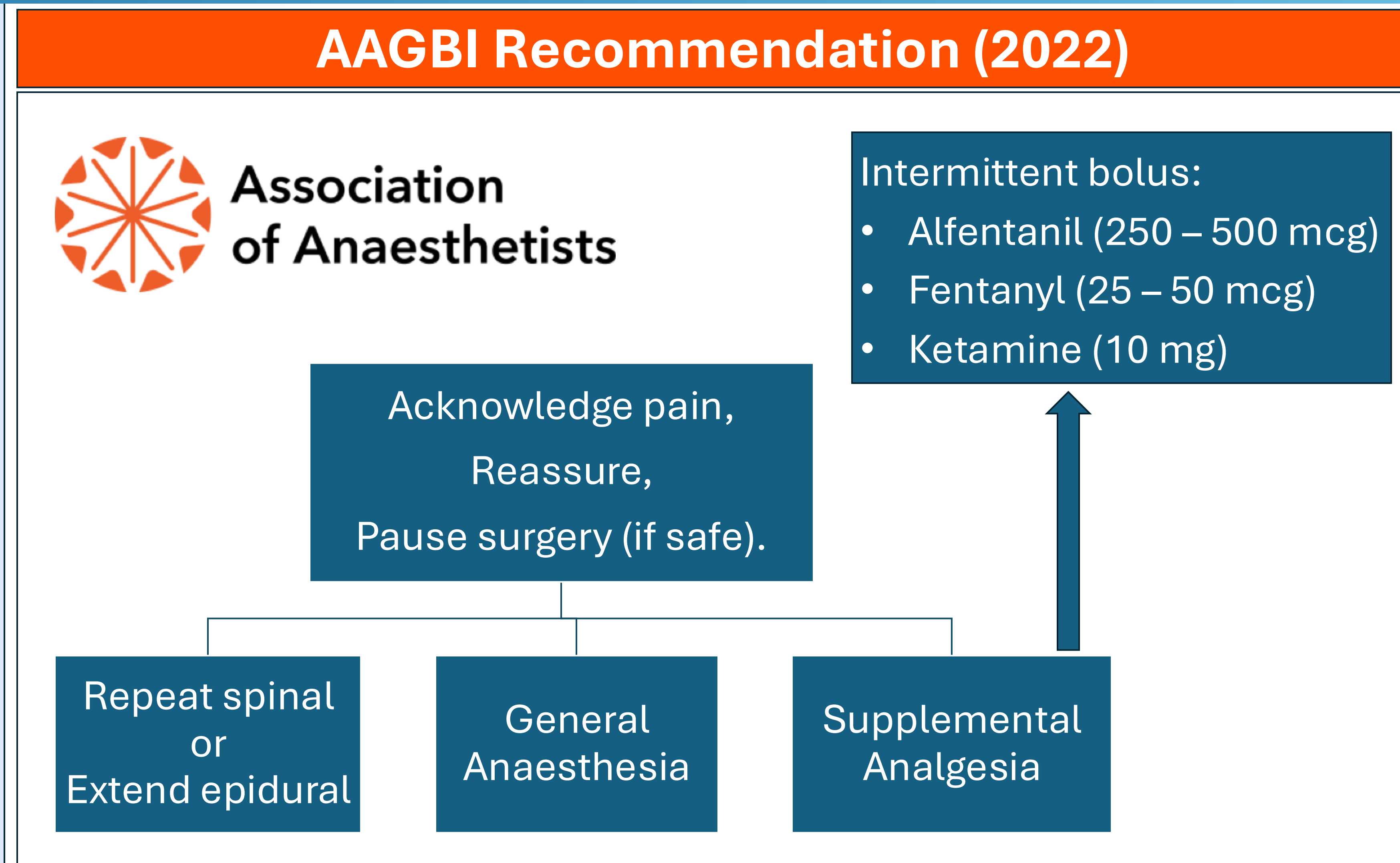
Consequences:

- Immediate & Long-term distress
- Complaints & Claims



References:

- Orbach-Zinger S, Binyamin Y. Prevention and management of intraoperative pain during Caesarean section. BJA Education, 2024.
- Plaat F, Stanford S, Lucas D, Andrade J, Careless J, Russell R, Bishop D, Lo Q, Bogod D. Prevention and management of intra-operative pain during caesarean section under neuraxial anaesthesia: a technical and interpersonal approach. Anaesthesia, 2022.
- Plaat F, Lucas N, Bogod D. AAGA in obstetric anaesthesia. NAP5 5th National Audit Project of the RCOA and AAGBI, 2014.



What we have done for the last 10 years

NHS
Norfolk and Norwich
University Hospitals
NHS Foundation Trust

TCI: 0.5 to 8 ng/ml

mcg/kg/min: 0.05 to 0.5

Remifentanil A49 BD Plastipak

mi ml/h

O₂

Year 2024 – LSCS under neuraxial:
114 patients received IV opioids

<u>1st line analgesia:</u>	Alfentanil - 48	Remifentanil - 66
<u>2nd line analgesia:</u>	8 / 48 (17%) Remifentanil - 7 Diamorphine - 1	1 / 66 (1.5%) Ketamine – 1
<u>Conversion to GA:</u>	2 / 48 (4%)	3 / 73 (4%)

Advantages of Remifentanil:

1. Smooth pharmacodynamic profile.
2. Easy to titrate.
3. Reduces need for additional analgesics.
4. May reduce the need for GA conversion.
5. Reduces risk of awareness and laryngospasm if General Anaesthesia is needed.

Risks of Remifentanil:

1. Marginally longer setup time.
2. Incorrect pump programming.