

Audit on pain relief in obstetric patients after elective caesarean section

S.Cook, K. Purcell, S.Gibb, *Sunderland Royal Hospital*



1. Introduction

Elective Caesarean section (ELCS) is associated with **moderate - severe pain** which can impact recovery. Standard analgesia prescription in our unit comprises regular paracetamol and ibuprofen with PRN Oramorph as inpatient and five x 10mg doses ‘to take out’ (TTO). ‘PROSPECT’ guidelines¹ support use of regular analgesia for ELCS. We aimed to assess if analgesia was administered regularly and the impact on women’s recovery.

2. Methods

We audited analgesia prescription, administration and patient recovery following ELCS by medical record review and postop patient questionnaire using the Obstetric Quality-of-Recovery Score (ObsQoR-11).² The project was registered with the local Clinical Governance team. We aimed to capture >58 women (10% of our yearly c-section workload)

References
1) E. Roofthooff, G. P. Joshi, N. Rawal, M. Van de Velde, PROSPECT guideline for elective caesarean section: updated systematic review and procedure-specific postoperative pain management recommendations, *Anaesthesia* 2022, 76, 665–680
2) Ciechanowicz S, Setty T, Robson E et al. Development and evaluation of an obstetric quality-of-recovery score (ObsQoR-11) after elective Caesarean delivery. *British Journal of Anaesthesia*. 2019;122(1):69-78.

3. Results

92 women were included, with 61 followed up via phone-call. Regular paracetamol was prescribed in **91** women and ibuprofen in **84**, this was given on time (+/- one hour) in **only 8** and **14** women respectively. Women who got on time simple analgesia used less Oramorph (Fig1). Amount of TTO Oramorph (Fig2) given was felt to be **enough in 48%**, **too little in 39%**, **too much in 3%**, and **10% received none**. Average ObsQoR11 score was **85.6** (out of max. score **110**), in those whose analgesia was on time it was 87.5 (ibuprofen) and 89.2 (paracetamol). Of the ObsQoR11 questions those with the **lowest** mean scores (0 = strongly agree, 10 = strongly disagree) were for **moderate pain (4.2)**, **severe pain (5.6)** and **comfort (6.5)**

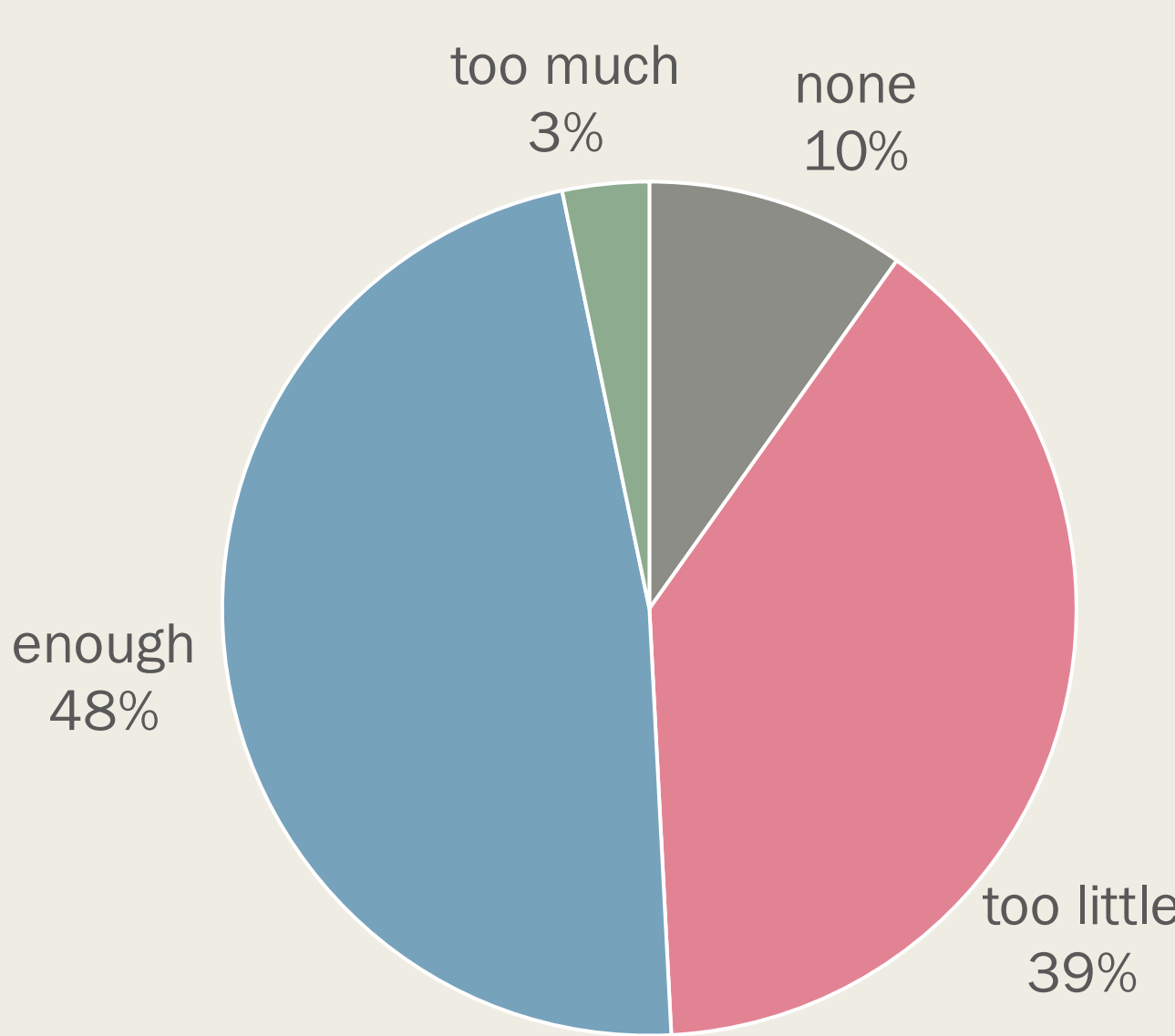


Fig. 2 Quantity of discharge Oramorph (out of 61)

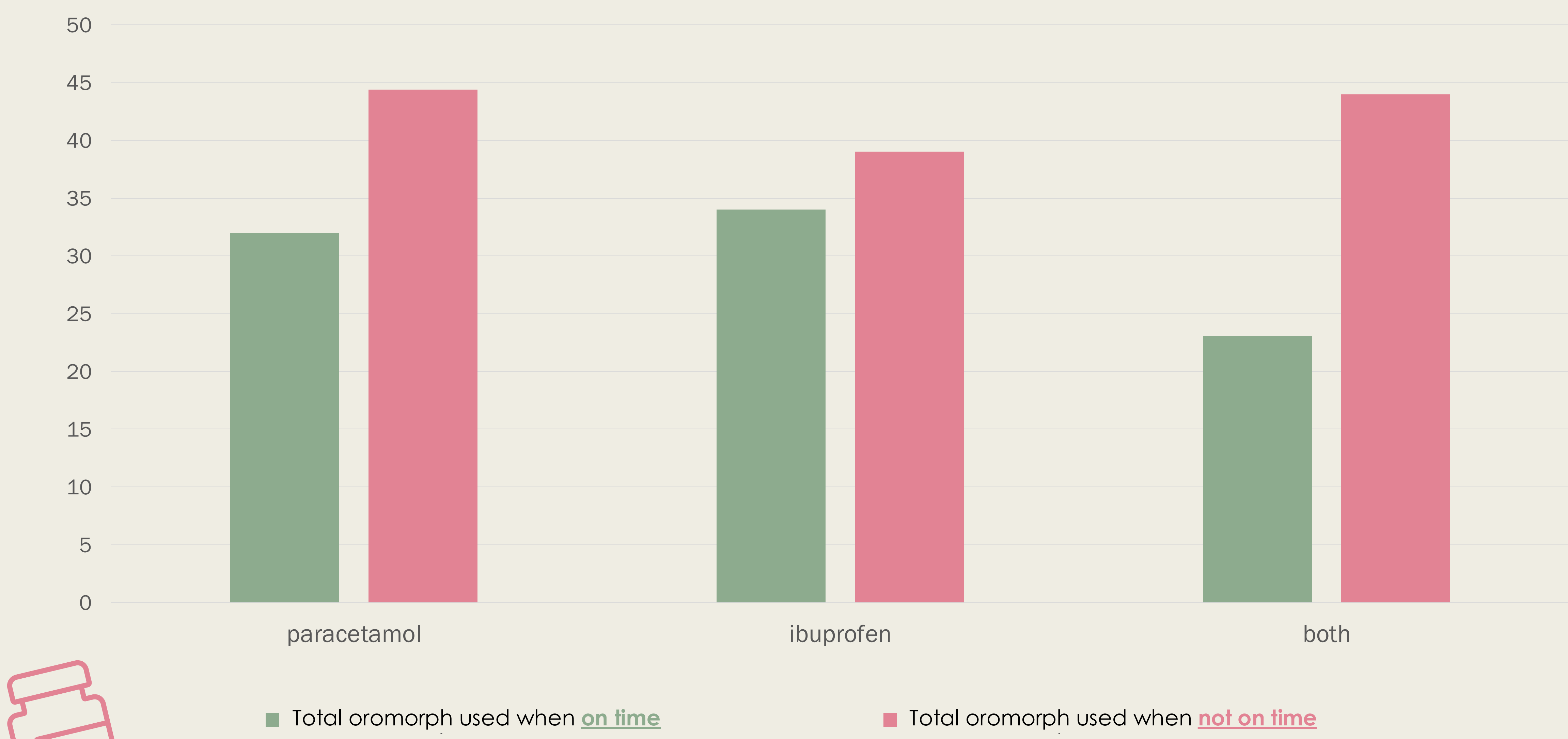


Fig 1. Average total inpatient oramorph use (mg) when simple analgesia given on time or not

4. Discussion

Simple analgesia is prescribed regularly, but **not given on time** in most cases, which appears to correlate with **higher opioid use**. Average ObsQor11 scores fall below a ‘good recovery’ target (100) but are improved with regular analgesia. Lowest scores were for the questions related to **pain and comfort**. A large group of women felt they needed **more Oramorph** at home. Going forward we will advocate for improving analgesia delivery postnatally both by by introducing patient self-administration, and reviewing TTO opioid prescription