



Treatment of post Cesarean delivery incision pain with topical 5% lidocaine ointment: a clinical audit

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Background:

Cesarean Delivery (CD) Pain:

- Associated with chronic pain, greater opioid use, delayed functional recovery, and postpartum depression¹
- Atypical pain categorized by: burning pain, stinging pain, and itching pain and is usually opioid resistant

Aim:

- To evaluate the pain scores before and after the use of topical lidocaine 5% ointment on the incisional area in post-cesarean delivery patients

Audit Method:

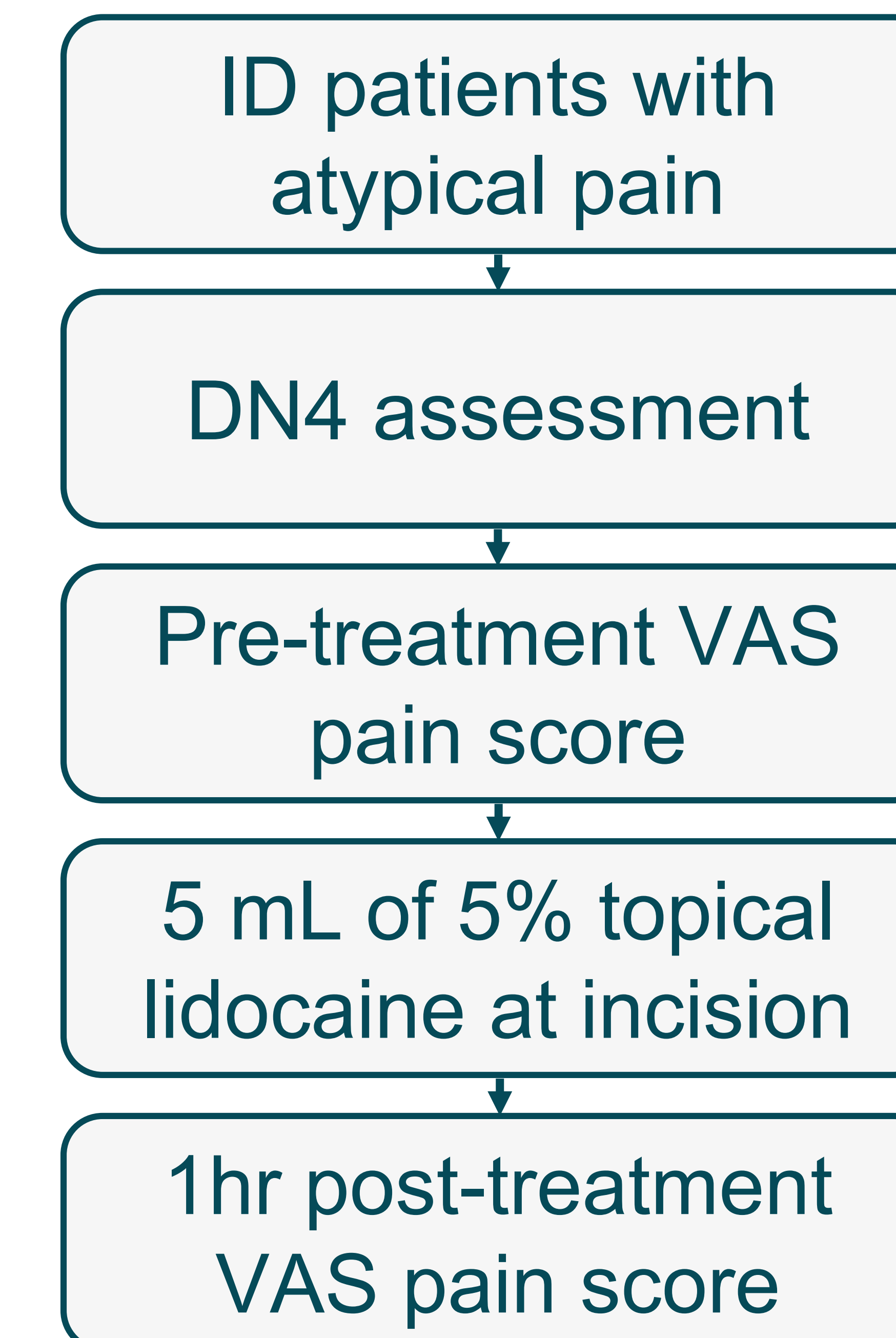
Sample:

- $n = 20$ sequential patients

Data Collected:

- Incision pain descriptors, DN4 score², pre-treatment VAS score pain, and post-treatment VAS pain score

Audit Protocol:



Primary Outcome:

- Difference in pre-treatment and post-treatment VAS scores

Secondary Outcomes:

- Median DN4 score
- Frequency of “burning, stinging, itching” atypical pain descriptors



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Results:

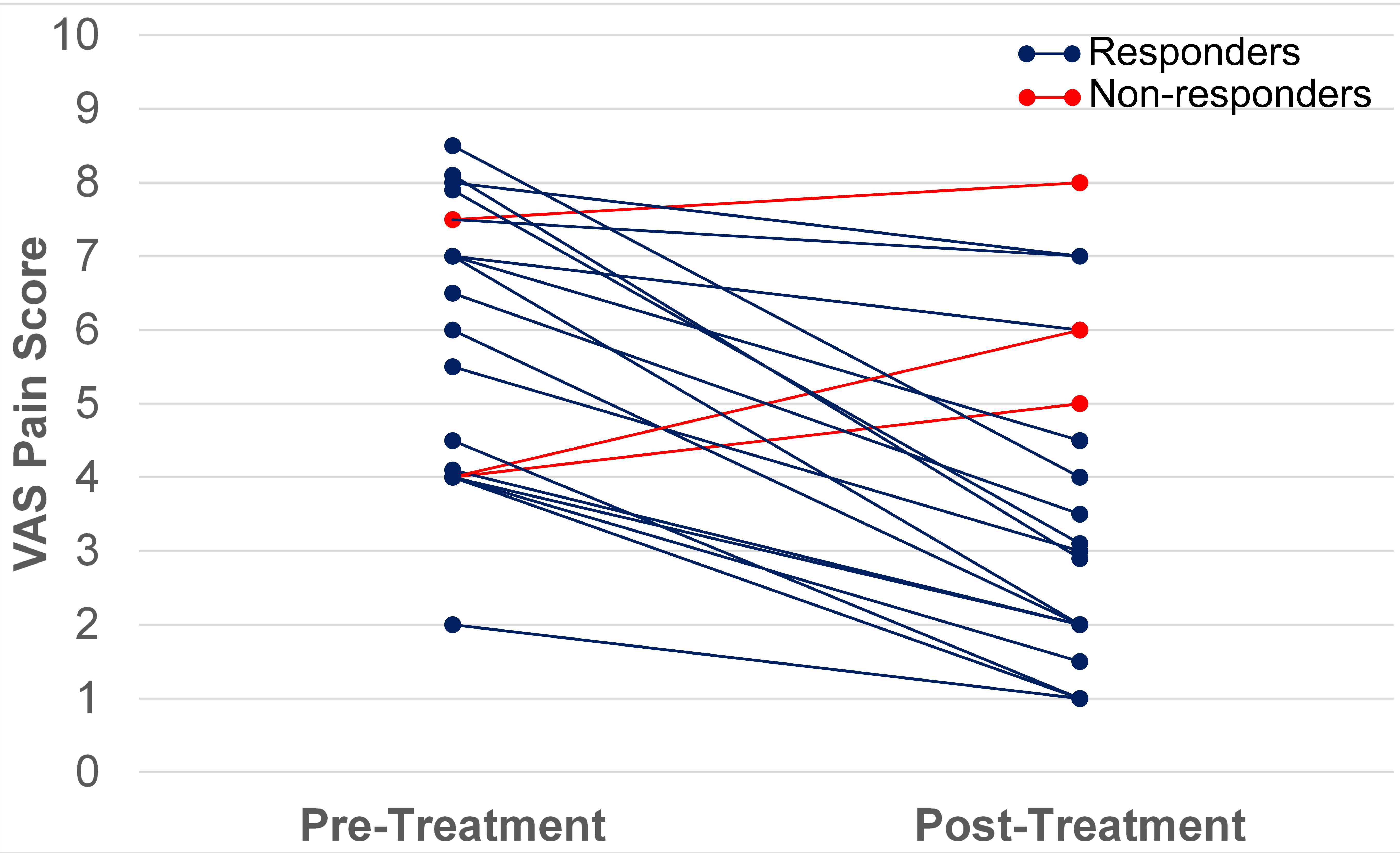
Primary Outcome:

Difference in pre-treatment and post-treatment VAS pain scores
→ Significantly lower post-treatment VAS scores (6.75 vs. 3.00, $p<0.01$)

Secondary Outcomes:

Median [range] DN4 score:
→ 4.00 [2.00-6.00]

Frequency of “burning, stinging, itching” pain descriptors:
→ “Burning” pain 19/20 (95%)
→ “Stinging” pain 9/20 (45%)
→ “Itching” pain 3/20 (15%)



Pre-treatment VAS median [range]: 6.75 [2.00-8.50]; post-treatment VAS median [range]: 3.00 [1.00-8.00]



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Conclusion:

Standard post-op pain management

- Results suggest post-op pain management with 5% lidocaine ointment
- Incidence of atypical neuropathic pain suggested by DN4 ≥ 4

Atypical incision pain:

- Patients with “burning and/or stinging and/or itching” pain had lower VAS pain scores post 5% lidocaine ointment treatment

Need for RCT

- A formal RCT with placebo treatment needed to establish strength of treatment

Recommendations:

Future use of topical 5% lidocaine ointment:

- Continue with regular practice of PRN 5% lidocaine ointment
- Establish future double-blind RCT protocol

References:

1. Carvalho B et al. Best Pract & Res Clin Anaesthesiol. 2017
2. Bouhassira et al. Pain. 2004