

Patient with polysubstance abuse at postdates gestation, presenting with severe pain

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Background:

- Parturients suffering from polysubstance abuse can present with complex pain symptoms that can cloud the diagnosis of labor, substance withdrawal, or serious diseases of pregnancy such as preeclampsia.¹
- Balancing management of withdrawal symptoms with appropriate labor analgesia presents challenges for the obstetric anesthesiologist.

1. Ring LE, Landau R. Anesthetic management of the parturient with opioid addiction. *Int Anesthesiol Clin*. 2021 Jul 1;59(3):28-39.

2. Soens, M.A., He J., Bateman, B.T. Anesthesia considerations and post-operative pain management in pregnant women with chronic opioid use. *Semin Perinatol*. 2019 Apr;43(3):1490161.

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Case Events:

- 25yo G2P0 at 41w3d presented agitated and writhing in bed with acute abdominal discomfort and bilateral lower extremity edema and pain. Her pregnancy was complicated by daily heroin use, and less frequent methamphetamine, cocaine, and alcohol use.
- The obstetrics team started buprenorphine as needed, requested lumbar epidural for leg and abdominal pain, and planned to begin postdates induction of labor.
- She developed psychomotor agitation and altered mental status following buprenorphine administration.
- A multidisciplinary team, including addiction medicine, concluded that her developing symptoms were a mixed picture of opioid and amphetamine withdrawal.
- Buprenorphine was discontinued and substituted with full agonist fentanyl and hydromorphone therapy.
- Her mental status improved and she consented to induction of labor and epidural analgesia.
- Her labor was complicated by the development of severe range blood pressures and failure to progress.
- In order to provide denser and more reliable anesthesia, the epidural was removed and a cesarean was completed under spinal anesthesia with bupivacaine, fentanyl, and preservative free morphine.

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Learning Points:

- Induction of labor and aggressive initiation of buprenorphine in a parturient experiencing acute opioid withdrawal can exacerbate withdrawal symptoms, antagonize full opioid agonists, and cause hemodynamic instability.
- A prudent approach entails stabilizing withdrawal symptoms prior to initiating the stress of labor.
- Multidisciplinary management, including an addiction medicine specialist, is optimal for these cases. ²

1. Ring LE, Landau R. Anesthetic management of the parturient with opioid addiction. *Int Anesthesiol Clin*. 2021 Jul 1;59(3):28-39.

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