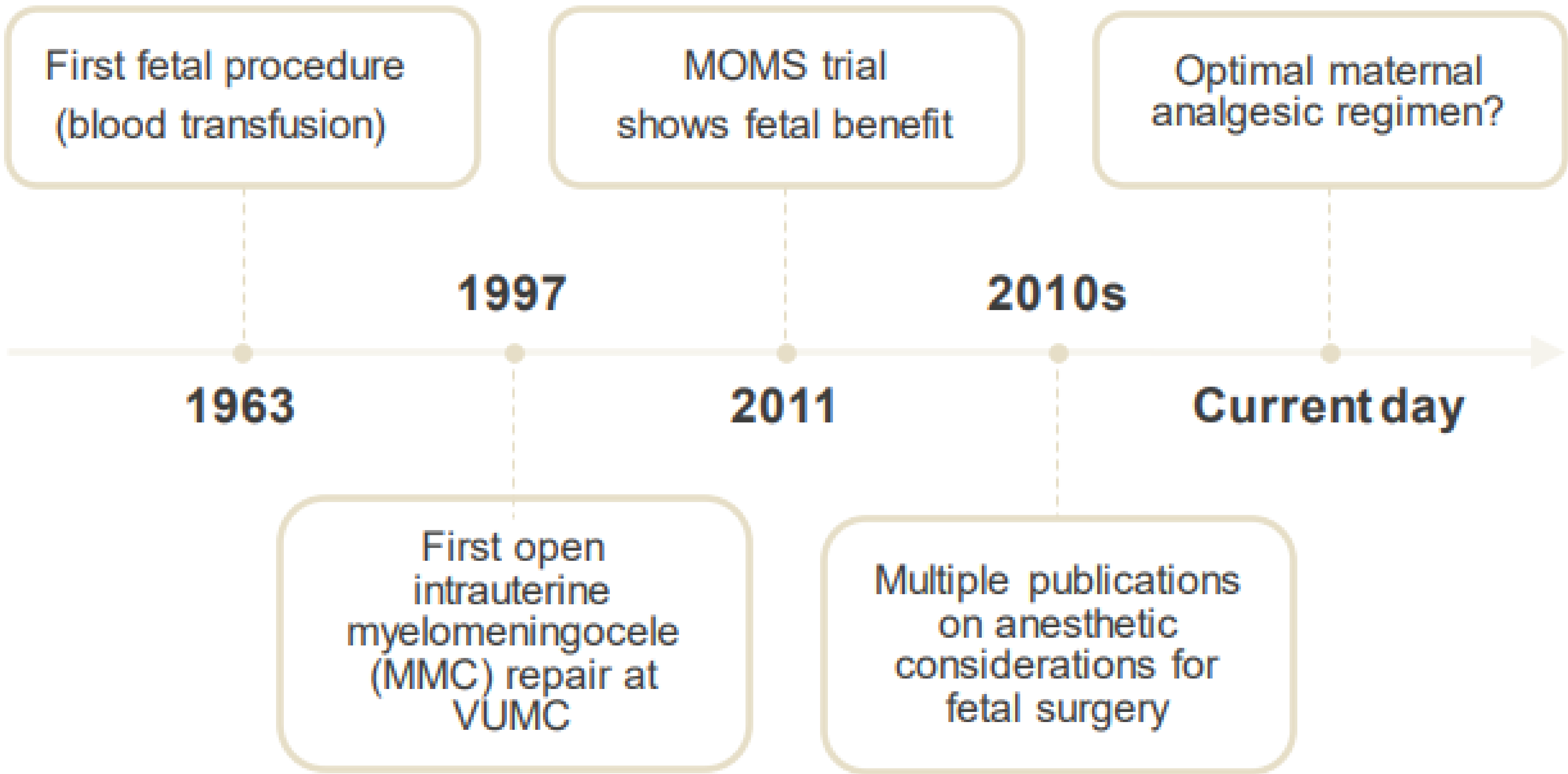


POSTOPERATIVE PAIN FOLLOWING OPEN INTRAUTERINE REPAIR OF FETAL MYELOMENINGOCELE AT A SINGLE INSTITUTION: A CASE SERIES

ANNASTACIA WOYTASH DO, BRITANY RAYMOND MD, KELLY BENNETT MD, HOLLY ENDE MD

INTRODUCTION



AIM: to describe maternal postoperative pain and analgesic requirements following open MMC repair at a single, tertiary academic institution

METHODS

Retrospective chart review (n=88)

INCLUSION CRITERIA

- Open fetal MMC repair at VUMC (March 2011-2022)

EXCLUSION CRITERIA

- OUD diagnosis
- Chronic opioid use within 6 months before surgery

OUTCOMES

- Demographics
- Pain scores
- Opioid use
- Treatment for opioid-related side effects
- Adjuvant analgesics
- Regional analgesia

RESULTS: DEMOGRAPHICS

MATERNAL DEMOGRAPHICS

Age (years)	29 [26,32]
Gravidity/Parity	2 [1,3] / 1 [0,2]
BMI (kg/m ²)	26 [23,29]

FETAL DEMOGRAPHICS

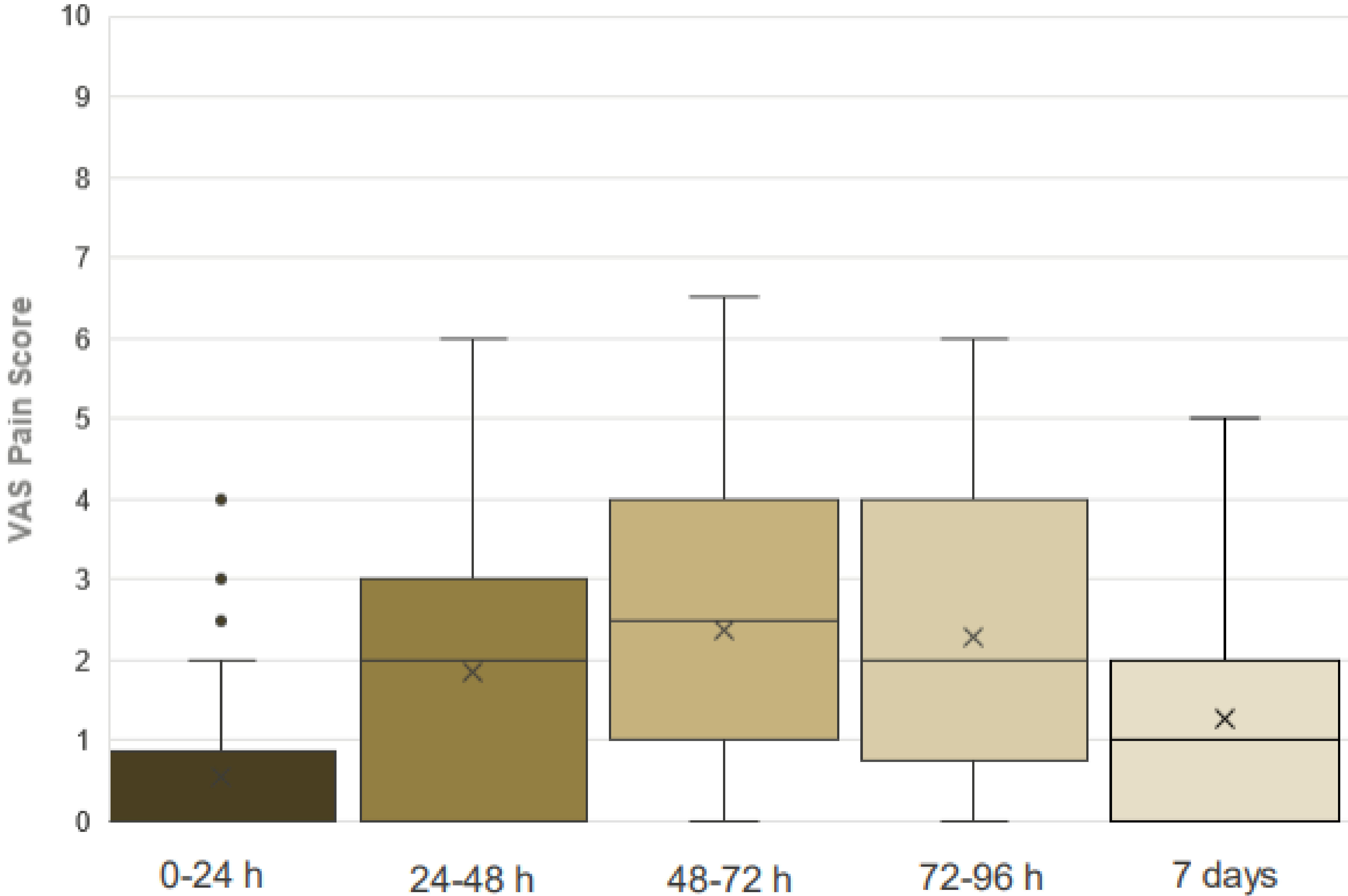
Gestational age at MMC Repair (weeks)	23.9 [22.9,24.7]
Gestational age at delivery (weeks)	34.1 [32.9,36.6]

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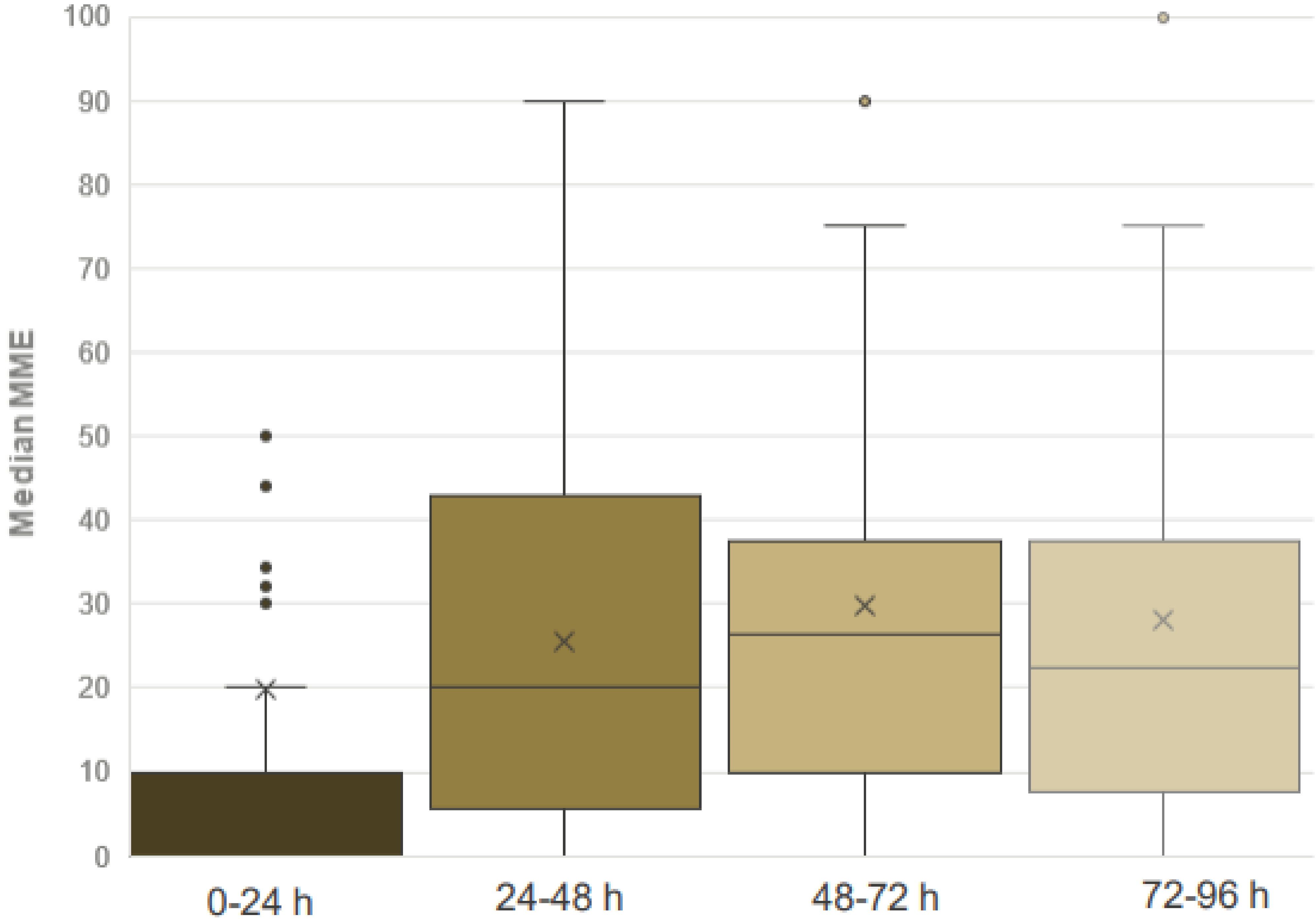
RESULTS: ANALGESIA

Median Pain Scores



Median pain score over 7 days: 1 [0,2]

Morphine Milligram Equivalents (MME)



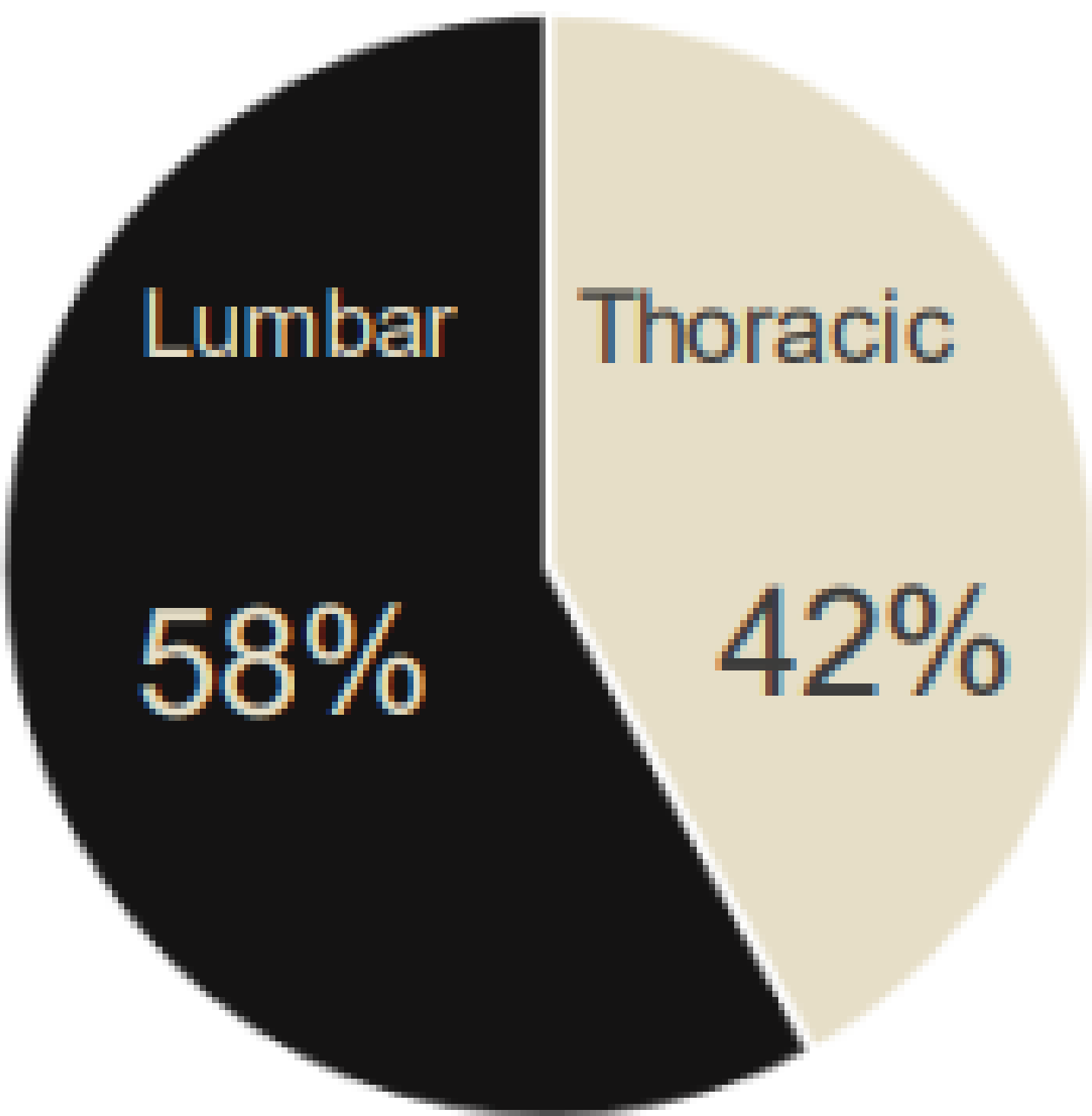
Median MME use in 7 days: 112 mg [45,187]

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RESULTS: REGIONAL AND ADJUNCTS

100% Epidural placement



Additional Regional Details

Catheter duration (hours) n=66	22 [21,23]
TAP Blocks on POD 1	3.4%

Adjuvant Medications	Use	Median dose in 7 Days
Acetaminophen	99%	6750 mg [3600,12025]
Ketorolac	60%	120 mg [90,240]
Ibuprofen	31%	3000 mg [1200,5400]
Gabapentin	15%	4200 mg [1400,4800]

CONCLUSIONS AND DIRECTIONS

- A. MME use is similar to comparable gyn surgeries
- B. Optimal postop regimen likely a combination:
 - regional and neuraxial anesthesia
 - scheduled multimodal adjuncts
 - as needed narcotic medications
- C. To be determined:
 - optimal epidural catheter duration
 - local anesthetic solution
 - adjunct medication regimen

REFERENCES

