Long-Acting Intrathecal Opioids Decrease Postoperative Opioid Requirements following Scheduled Cesarean Hysterectomy for Placenta Accreta Spectrum

Damon Wallace MD, AnneMarie Opipari MD, Molly Stout MD MS, Jourdan Triebwasser MD MA, Aimee Rolston MD, David Arnolds MD PhD

- Up to 40% of patients report poor pain control after Cesarean hysterectomy[1]
- Varied anesthetic practices across the country
  - GA vs neuraxial
- Neuraxial anesthesia is associated with decreased postoperative pain[1,2]
- Varied postoperative analgesia practices with unclear superiority for patients undergoing operations without neuraxial anesthesia
- Aim to evaluate effectiveness of intrathecal opioid on postoperative analgesia in patients undergoing planned Cesarean hysterectomy under general anesthesia

1. Warrick, CM. et al. Placenta Accreta Spectrum Disorders: Knowledge Gaps in Anesthesia Care. Anesthesia & Analgesia. 2022; 135(1):191-197.
2. Panjeton, GD. Et al. Neuraxial Anesthesia and Postoperative Opioid Administration for Cesarean Delivery in Patients with Placenta Accreta Spectrum Disorder: A Retrospective Cohort Study. International Journal of Obstetric Anesthesia. 2022; 49:1-5.

Study Design and Methods

- Single center, retrospective design
- Scheduled Cesarean hysterectomy cases for placenta accreta spectrum under general anesthesia between January 2024-November 2025
- 30 total cases with 17 meeting inclusion criteria
- Primary outcome of postoperative opioid requirement prior to discharge defined as OMEs
- Mean values analyzed using unpaired t-test

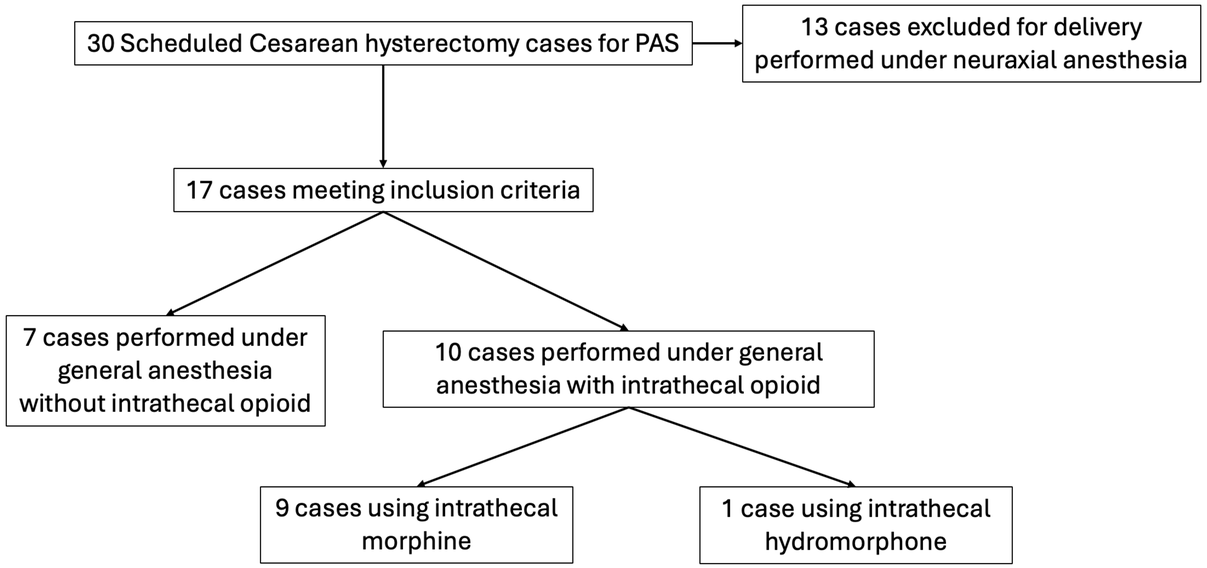

Figure 1. Exclusion and inclusion flowchart.

Results

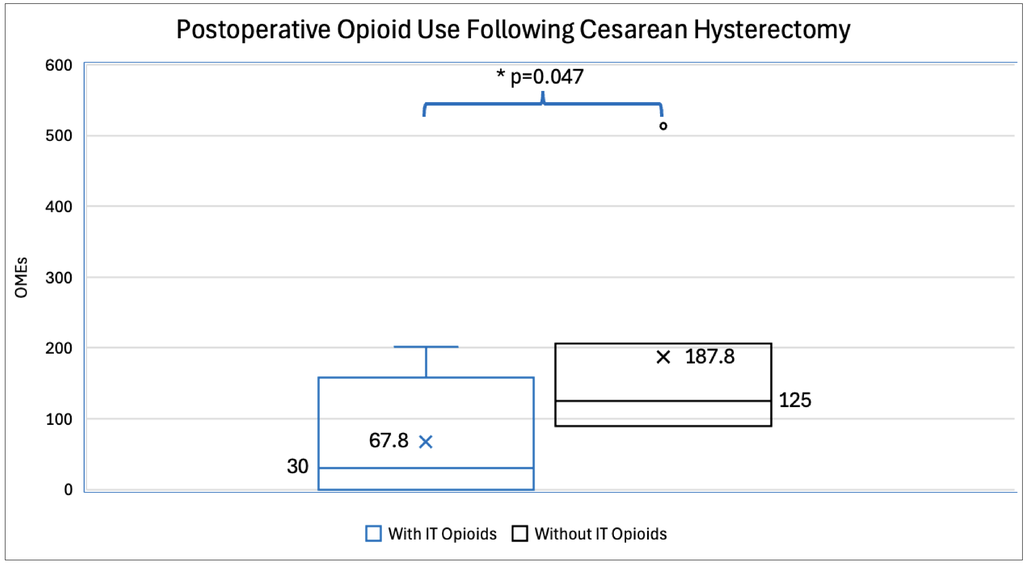

Figure 2. Comparison of mean postoperative opioid use for patients undergoing planned Cesarean hysterectomy under general anesthesia.

Table	IT Opioid	No IT Opioid
Sample Size (n)	10	7
Length of Stay (days; median [IQR])	3 [3-3.75]	3 [2.5-5]
Intraoperative Fentanyl (mcg; mean±SD)	157.5±80.0	132.1±140.7
Intraoperative Remifentanil (n)	4/10	6/10
Intraoperative IV Hydromorphone (mg; mean±SD)	0.7±0.7	1.9±0.4
Intraoperative Ketorolac (n)	8/10	4/7
Scheduled Postoperative Acetaminophen (n)	10/10	7/7
Scheduled Postoperative NSAIDs (n)	10/10	7/7
Postoperative PCA (n)	0/10	5/7

Table 1. Supplementary data regarding intraoperative and postoperative adjunct analgesics.

Conclusion and Discussion

- Intrathecal opioids reduced inpatient postoperative opioid requirement in patients undergoing Cesarean hysterectomy under general anesthesia
- Limitations include the small sample size and retrospective, observational nature of the study
- Our results suggest consideration of intrathecal opioids as part of a multimodal analgesic regimen for Cesarean hysterectomy, even in patients who do not receive neuraxial anesthesia