# Multimodal Analgesia for Postoperative Pain Control After Cesarean Delivery in Patients with Opioid Tolerance

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## Background

- Antepartum maternal opioid use rates rising[1]
- Requires multimodal pain control strategy[2]
- Medication-assisted treatment (MAT) during pregnancy


Open ai photos

# Case Report



**Initial presentation:**

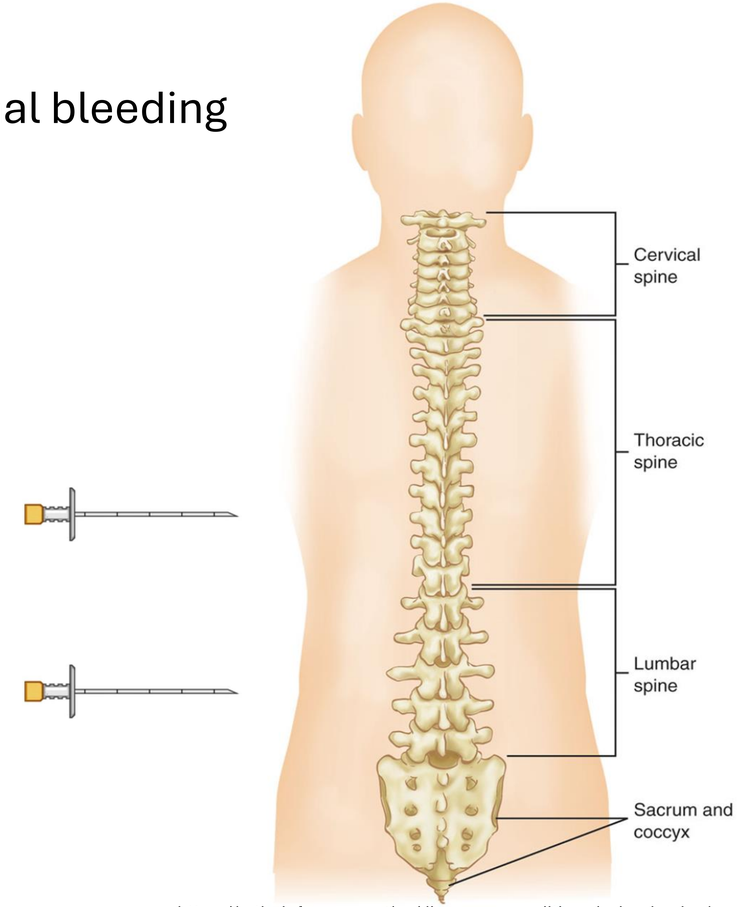
- 36 yo G8P4 at 25w3d came to establish care from OSH for vaginal bleeding
- US concerning for Placenta Accreta Spectrum (PAS)
- Polysubstance Use Disorder (methadone 320mg daily)

**Intraoperative Management:**

- Goals: manage hemorrhage, postop pain control
- 2x 16g PIV, preinduction arterial line
- Thoracic (T9) epidural catheter with lumbar CSE
- QBL 2095 ml (5upRBC, 2uFFP, 510cc cell saver)

**Postop Management:**

- Thoracic epidural, dPCA, ketamine gtt, Tylenol, Toradol
- Methadone with dose adjustment
- POD1: transitioned to B/L rectus sheath catheters
- POD7: Discharged on PO pain medication




https://orthoinfo.aaos.org/en/diseases--conditions/spine-basics/

# Discussion



- Complexity of postoperative care management in patients with PAS and severe opioid tolerance
- Goal of double epidural technique, and dynamic nature of pain control[3,4]
- Adjustments to MAT
- Use of dexmedetomidine as alternative to morphine[5]

References:
1. PMID: 33433576
2. PMID: 39504271
3. PMID 33398592
4. PMID: 34412076
5. PMID: 22013249