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POSTOPERATIVE MONITORING FOLLOWING NEURAXIAL OPIOID ADMINISTRATION FOR CAESAREAN SECTIONS ACROSS MATERNITY UNITS IN THE REPUBLIC OF IRELAND: A NATIONAL SURVEY

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Introduction

Neuraxial opioids (NO) are a well-recognised, effective means of providing post-operative analgesia for Caesarean Section (CS). Hydrophilic opiate e.g. Morphine, can yield prolonged analgesia post-CS. Although rare in the obstetric population, delayed respiratory depression is a serious risk following NO use. The ASA Closed Claim database reports 16 cases of respiratory depression in first 24 hours (2001-2007) involving NO use, resulting in death or permanent brain damage in the majority of patients [1].

Following intrathecal Morphine administration for CS, hourly observations are advised in the first 12 postoperative hours by the ASA Practice Guidelines for the Prevention, Detection, and Management of Respiratory Depression Associated with NO Administration (2015) [2].

The NICE (CS) Clinical guideline 2011 advises hourly observations for the first 24 post-operative hours [3]. The AAGBI Guidelines for Obstetric Anaesthetic Services 2013 do not advise a specific frequency for monitoring in this patient cohort.

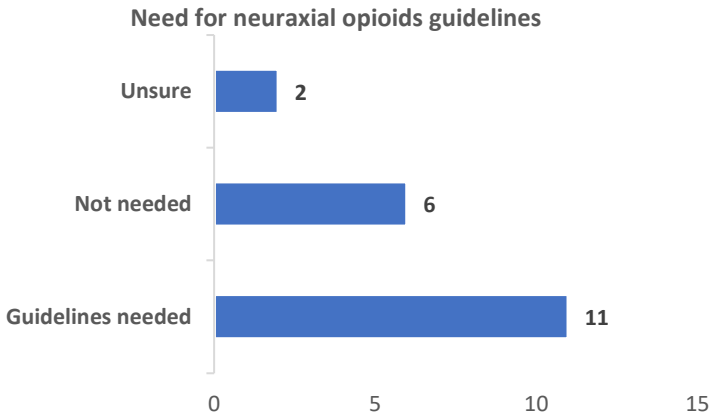
No standardised national policy exists across Irish Maternity Units for monitoring post NO administration. We have conducted a National survey of all units regarding monitoring policies following NO administration for CS.

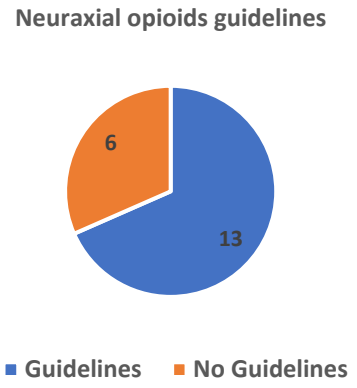
Methods

We designed an online survey, circulated by email to all 19 units. We questioned the type and dose ranges of NO used, the presence of departmental guidelines, the frequency of monitoring following NO in the first 24 hours, if units have ever recorded a case of respiratory depression following NO administration, and the need for a national standardised policy for monitoring of this patient cohort.

Results

With a 100% response rate, our survey shows that all 19 units use NO for CS. 15 units use a dose range of 100-150mcg of intrathecal morphine. 6 units have no departmental guideline for monitoring post-NO administration. Only 1 unit has a monitoring policy mirroring international guidelines. 4 units have recorded a case of respiratory depression following NO administration. 11 units express a need for a national standardised policy for monitoring this patient cohort and 2 are unsure.





Discussion

Our national survey exposes widely diverse monitoring policies, and poor compliance with international guidelines, possibly owing to a lack of a standardised policy. The NO morphine, used in Irish Maternity Units poses risk of devastating delayed respiratory depression, well recognised in international literature, which warrants attention.

References

1. Weinger M. Dangers of postoperative opioids. APSF Newsletter 2007;21:61–8
2. Practice Guidelines for the Prevention, Detection, and Management of Respiratory Depression Associated with Neuraxial Opioid Administration An Updated Report by the American Society of Anesthesiologists Task Force on Neuraxial Opioids and the American Society of Regional Anesthesia and Pain Medicine Anesthesiology, V 124 • No 3 2015
3. National Institute for Health and Care Excellence (NICE) Caesarean section Clinical guideline [CG132] Published date: November 2011