Obstetric Anaesthesia
Annual Scientific Meeting 2021 goes virtual
10-11 June 2021

Assessing and predicting adequacy of discharge analgesia after caesarean section

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Introduction

Following caesarean section (CS), patients are now routinely discharged earlier (often on the day after surgery) with simple analgesia only, in line with current PROSPECT guidance to minimise opioid use.[1] We aimed to review patients presenting to their GP for stronger analgesia soon after discharge and establish any associations that may predict additional analgesic requirements.

Methods

All CSs at our maternity unit in 2019 were included. Retrospective review of community pharmacy electronic records identified those who received a new GP prescription within 2 weeks of delivery for: opioids, lidiocaine and gabapentinoids. Discharge prescriptions were reviewed alongside patient characteristics. These data were then compared with the remainder of CS patients in 2019. Logistic regression was used to examine any associations with community analgesia prescriptions.

Results

In 2019, 1081 CSs were performed and 77 (7.1%) patients received a GP prescription within 2 weeks for additional strong analgesia: 69 (90.7%) weak opioids, 3 (3.6%) strong opioids, 3 (3.6%) gabapentinoids and 2 (2.3%) lidocaine patches. Sixteen (21%) patients were not prescribed a NSAID on discharge and 34 (44.2%) had a postoperative complication diagnosed: infection 21 (27.3%) psychiatric 10 (13%) others 3 (3.9%). Patient characteristics found to have no association with additional analgesia included: pre-op haemoglobin, number of previous CSs, type of anaesthesia, grade of surgeon, urgency of CS and blood loss. Patients with increased likelihood of requiring additional analgesia are presented in Table 1.

Table 1: Odds Ratio (OR) and Confidence Intervals (CI) of receiving analgesia within 2 weeks of discharge following CS

Characteristic	OR	95%	CI	p-value
Age at Delivery	1.07	1.02	1.13	0.006
Booking BMI	1.05	1.01	1.09	0.009
Current Smoker (reference)				
Ex-Smoker	0.49	0.23	1.0	0.072
Never Smoked	0.39	0.21	0.74	0.003
Breast Feeding (reference)				
Formula	4.62	2.06	12.3	<0.001
Mixed	1.56	0.48	5.09	0.5

Discussion

From this data we found that a small proportion of patients receive additional analgesia following discharge and simple analgesia appears to be adequate for the majority. However, inability to take NSAIDs may be an indication to consider the use of weak opioids on discharge. The correlation of raised BMI and smoking with increased analgesic requirements may be explained by the associated increased risk of wound infection causing pain. Using this methodology on a multicentre population in the future may more clearly elucidate associations to guide discharge prescribing.

Reference

1. Roofthooft E, Joshi GP, Rawal N et al. PROSPECT guideline for elective caesarean section: updated systematic review and procedure-specific postoperative pain management recommendations. Anaesthesia, 2020 Dec **28**:10.111/anae.15339