

POSTOPERATIVE ANALGESIA FOR CAESAREAN SECTION AFTER GENERAL ANAESTHESIA: A RETROSPECTIVE STUDY

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Introduction

Pain control after Cesarean section (C-section) has a strong impact on patient recovery and outcome. The most effective method of post-C-section analgesia involves a multimodal strategy including neuraxial techniques. However, these techniques are not always possible to be used.

Objective

Analyze postoperative analgesic strategies in women submitted to C-section under general anesthesia (GA).

Methods

Retrospective observational study

Women submitted to C-section under GA from January to December 2021

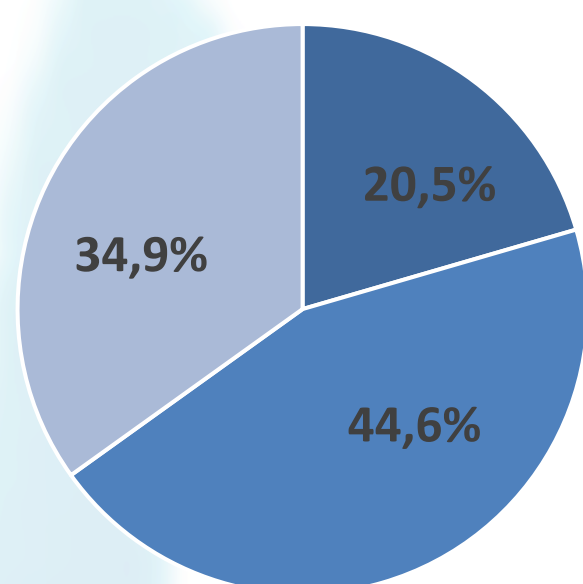
Mild pain was defined by numeric rating scale (NRS) < 4 and moderate to severe pain by NRS ≥ 4.

Data collected

- Demographics
- Obstetric and medical comorbidities
- Analgesic regimens,
- NRS values during the first 24 hours

Results

- 83 C-sections performed under GA

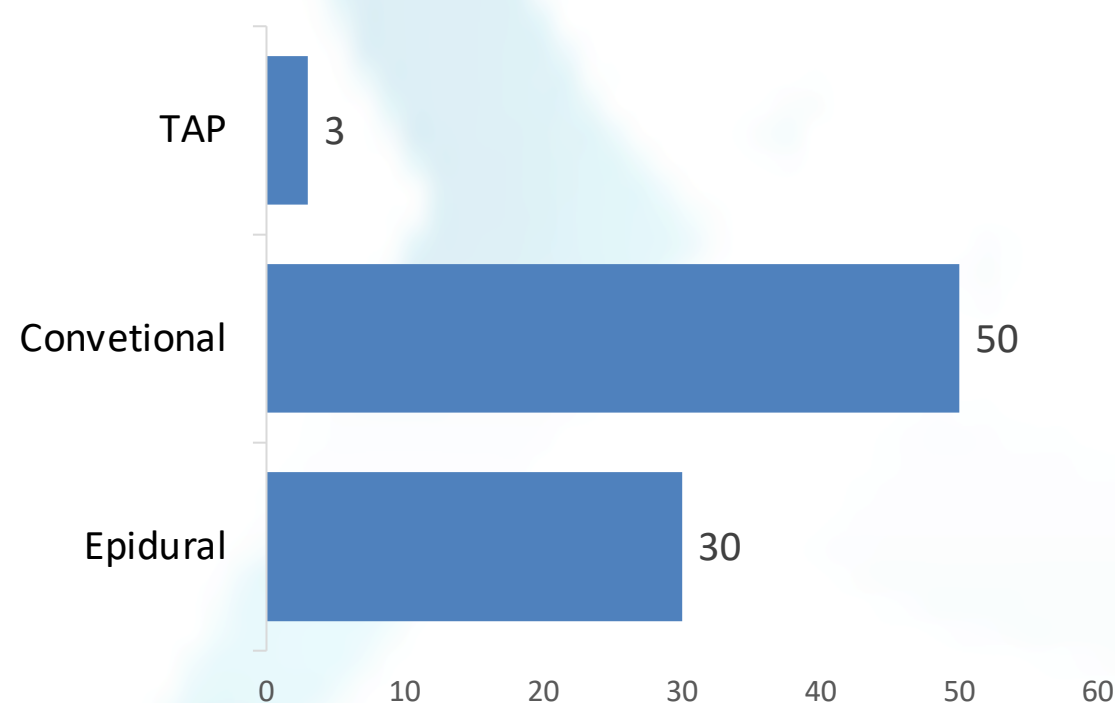


■ Planned ■ Urgent ■ Emergent

- 84.3% of patients – mild pain scores 24h postoperative
- 15.7% of patients – moderate/severe pain scores 24h postoperative

Analgesic regimen	Pain Intensity		Total
	Mild Pain	Moderate to severe pain	
Epidural	27	3	30
Conventional	42	8	50
TAP block	1	2	3
Total	70	13	83

Postoperative analgesic regimen



Mild pain was reported in:

- 84% of women in systemic multimodal analgesia group
- 90% of women in epidural analgesia group
- 33% of women TAP block group reported mild pain.

Higher percentage of moderate/severe pain was observed with systemic multimodal analgesia and TAP block.

However, due to the limited number of cases, the statistical significance of TAP block could not be determined to draw conclusive findings about its effectiveness.

Discussion

Epidural analgesia appears to be the most effective technique to control pain after C-section. However, most puerperal women who received systemic multimodal analgesia also reported mild pain scores in the first 24 hours postoperative. Regarding TAP block, this study could not draw conclusive findings about its effectiveness and, future prospective studies are needed to understand the value of abdominal wall blocks in postoperative pain management after C-section.

Bibliography

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