NHS
Greater Glasgow and Clyde

CLINICAL GUIDELINE

Postoperative Analgesia C Section, Obstetrics

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Does this version include changes to clinical advice:	No
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Lead Author:	Drew Smith
Approval Group:	Obstetrics Clinical Governance Group

Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Greater Glasgow & Clyde Obstetrics Guidelines

Analgesia following caesarean section or 3rd/4th degree tear repair.

This algorithm is intended for patients who have had a spinal/epidural anaesthetic with neuraxial opioid.

First 24h

- **PARACETAMOL** 1g qds
    - reduce dose to 500mg if bodyweight <50kg
- **DICLOFENAC** 50mg tds
    - starting 8-12h after 100mg diclofenac suppository
    - omit if genuine contraindication to NSAIDs (eg true allergy, previous gastric ulcer, asthmatics with known NSAID intolerance)
    - prescribe PPI/H2 antagonist if history of gastritis with NSAIDs
- **MST** 20mg **one dose (two 10mg tablets)**
    - prescribe as once-only dose on front of kardex
    - at least **four hours** after spinal opioid
    - timed to fit in with drug rounds (0800, 1400, 1800, 2200)
    - reduce dose to **10mg if bodyweight <50kg**
- **MST** 10mg **one dose (one 10mg tablet)**
    - prescribe as once-only dose on front of kardex
    - **approximately 12 hours** after the previous dose
- **Morphine Sulphate (Immediate Release)*** 10mg **as required (*(SEVREDOL brand name in GCC)**
    - up to once hourly (first dose AT LEAST two hours after MST)
    - if more than 3 doses requested, consider medical review
- **Prescribe LAXIDO (1 sachet once or twice per day)**
- Please also prescribe at least one anti-emetic

Second 24h

- **NO FURTHER MST**
- **STOP Morphine Sulphate before discharge**
- Continue regular **PARACETAMOL** and **DICLOFENAC**
- If the patient has a genuine contraindication to NSAIDs, or a history of chronic pain, or is still has inadequately controlled pain consider adding **DIHYDROCODEINE** 4 hourly as required

For discharge

- Aim for discharge on **PARACETAMOL** and **DICLOFENAC** only
- **NO PATIENT** will be discharged home on morphine sulphate

- Patients being discharged on day 1 or 2 who have a genuine contraindication to NSAIDs, or pre-existing chronic pain issues or who still have moderate pain may need a small supply of **DIHYDROCODEINE** 4 hourly as required

Lead Author

Dr Drew Smith, Consultant Anaesthetist, PRM on behalf of Obstetrics Guidelines Group – SLWG on Postoperative analgesia.

Title

Postoperative _analgesia_C-section_Obstetrics Version 2.1

Implementation / review dates

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Approval

Dr Catrina Bain, Clinical Director, Obstetrics GGC ..... Date 10/08/2016