

Introduction of a Standardised Proforma to Optimise Post-Operative Analgesia after Caesarean Section

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Abstract : Pain following caesarean section can influence recovery, patient satisfaction, breast feeding success and mother-child bonding. Since the introduction of enhanced recovery protocols, mothers are often discharged 24 hours later. We identified concerns within our hospital with mothers tolerating poorly controlled pain in order to achieve earlier discharge and subsequently suffering significant pain at home with inadequate analgesia. Methods: We conducted a prospective audit of analgesic prescribing and post-operative pain scores after caesarean section. Mothers were seen on post-operative day one, their pain score recorded on a verbal analogue score from 0-10, and their prescription chart reviewed. A follow-up phone call was then made on post-operative day 3-7 to enquire about pain scores and analgesia use at home. Following this, a standardized proforma for prescribing after the caesarean section was introduced, including the addition of dihydrocodeine that patients can take home following discharge. There were educational update sessions for anesthetists and midwives, and then a re-audit was conducted months later. Results: Data was collected from 50 women before and after the introduction of the change. Initial audit showed that there was considerable variation in prescribing, with four women prescribed no regular analgesia at all and inconsistency in the dose of oral morphine prescribed. Women were not given any form of analgesia to take home after discharge and were advised to take regular paracetamol and ibuprofen. However, 31/50 (62%) reported that they needed additional analgesia and eight women (16%) even sought prescription for additional analgesia from elsewhere. After the introduction of the change, prescribing was more consistent with all patients prescribed regular analgesia. 46/50 patients were given dihydrocodeine on discharge. Mean pain scores on post-operative day one improved from 5.16 to 3.9, and at home improved from 6.18 to 2.58. Use of dihydrocodeine at home significantly improved patients reporting of severe pain at home from 24% to zero. Discussion: Lack of strong analgesia out of the hospital and the increased demands on activity levels means that women are frequently in more pain at home after discharge. Introduction of a standardized prescription proforma, including the use of to-take-out dihydrocodeine, was successful in improving patient pain scores and the requirement for additional analgesia, both in hospital and at home.

Keywords : analgesia, caesarean section, post-operative pain, standardised

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