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Different recovery protocols after scheduled caesarian sections

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Introduction: Recovery protocols involving pre-operative gabapentin and paracetamol or those who specify wound infiltration with Exparel® may decrease postoperative narcotic needs compared to protocols involving only neuraxial preservative free (PF) morphine. We compared narcotic consumption after scheduled cesarean sections among these three methods of pain management.

Methods: Patients undergoing C-section with neuraxial anesthesia from January 2016 to July 2017 in our database were placed into one of three groups: Those who received gabapentin preoperatively and IV paracetamol after fascia closure (GP); those who received Exparel® infiltrated into the wound (EX); those who received PF morphine as spinal or epidural anesthesia (PF). Each patient's post-operative morphine equivalent units (MEUs) were calculated. Multiple regression analysis with mixed effects model determined independent effects of group, kind of neuraxial anesthesia, age, race, surgeon, number of pregnancies and c-section status (primary/repeat).

Results: 1411 patients met inclusion criteria. Groups differed in gravidity, race, cesarean section status and anesthesia mode (see table 1). Independent of those differences, MEUs use differed ($P < 0.0001$). Each group differed from the two others pairwise (Tukey's test, family-wise $P < 0.05$). Group GP used the least opioid.

Discussion: Pre-operative oral gabapentin and intra-operative paracetamol may provide multi-model analgesia superior to wound infiltration with bupivacaine or neuraxial opioid. These observational data suggest a similar, follow-up randomized, blinded study.

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