

After C-section and other gynecologic procedures,

# IMPROVE RECOVERY WITH AN OPIOID-MINIMIZING APPROACH



Obstetrics and Gynecology

## LEADING MEDICAL SOCIETIES RECOMMEND OPIOID-MINIMIZING PAIN MANAGEMENT STRATEGIES TO ENHANCE RECOVERY AFTER OBSTETRIC AND GYNECOLOGIC PROCEDURES

### ACOG<sup>1</sup>

- A stepwise, multimodal pain management strategy, including local anesthetics delivered by wound infiltration or TAP block, is recommended to **control pain and minimize opioid administration**
- Postoperative minimization of opioid use reduces nausea and vomiting, impairment of bowel function, delayed mobilization, and pulmonary morbidity

### SOAP<sup>2</sup>

- Multimodal analgesia, including wound infiltration or regional blocks (eg, TAP block), should be used to reduce pain, improve mobilization, reduce opioid use in the hospital and after discharge, and **decrease opioid side effects**

### SGO<sup>3</sup>

- Advocate for the goal of **reducing opioid misuse, and optimizing availability and use of non-opioid methods of pain control**

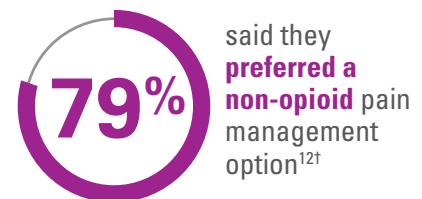
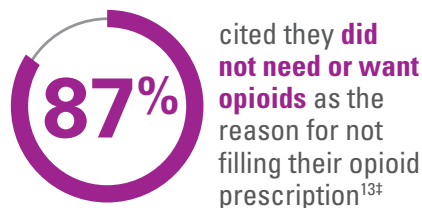
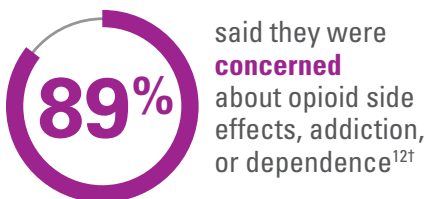
### ERAS<sup>4</sup>

- Avoiding opioid use within a multimodal postoperative analgesia pathway, with greater emphasis on non-opioid medications such as liposomal bupivacaine, can **improve patient experience and functional recovery after surgery**

## MANY PATIENTS WOULD PREFER TO AVOID THE NEGATIVE EFFECTS OF OPIOIDS

- **Adverse effects in patients:** Nausea/vomiting, constipation, itching, drowsiness, delayed recovery, decreased libido, amenorrhea<sup>1,4,6</sup>
- **Risk to newborns:** Opioids during breastfeeding lead to greater CNS depression vs acetaminophen alone<sup>7</sup>
- **Risk of misuse and addiction**
  - **1 in 15** patients prescribed an opioid for postsurgical pain will go on to long-term use<sup>8\*</sup>
  - **Women are 40% more likely** to become persistent users<sup>9</sup>
  - **More than 71 moms** each day **become persistent users of opioids** after C-section<sup>10</sup>
  - **75%** of C-section patients reported **keeping unused pills** at home, leaving many pills available for **potential misuse and diversion**<sup>11</sup>

## WHAT ARE SURGICAL PATIENTS SAYING ABOUT OPIOIDS?



ACOG, American College of Obstetricians and Gynecologists; CNS, central nervous system; ERAS, Enhanced Recovery After Surgery; SGO, Society of Gynecologic Oncology; SOAP, Society for Obstetric Anesthesia and Perinatology; TAP, transversus abdominis plane.

\*According to a prospective, longitudinal study (N=109). Preoperative opioid use, self-perceived risk of addiction, and depression were each independent predictors of prolonged (6 months) opioid use after surgery.<sup>8</sup>

†From a survey of 500 US adults who had orthopedic or soft tissue surgery and 200 US surgeons who performed these procedures.<sup>12</sup>

‡Survey conducted between 2014 and 2016 of 720 women recovering after C-section surgery at 6 US academic medical centers.<sup>13</sup>

# MULTIMODAL APPROACHES WITH OR WITHOUT ERAS PROTOCOLS HAVE DEMONSTRATED BENEFITS IN OBSTETRIC AND GYNECOLOGIC PROCEDURES



Reduced opioid use and risk of ORAEs<sup>2,4,14-16</sup>



Earlier mobility<sup>1,2</sup>



Fewer postsurgical complications<sup>14</sup>



Shorter hospital LOS<sup>14,15</sup>



Higher patient satisfaction<sup>4,14</sup>



Reduced health care costs<sup>15</sup>

**Long-lasting local analgesic pain control can reduce the need for opioids when used as part of a multimodal pain management approach<sup>17</sup>**

**LOCAL ANALGESIC INFILTRATION**  
directly targets pain at its source and is not associated with major side effects<sup>18</sup>

**LOCAL ANESTHETIC FIELD BLOCKS**  
can effectively provide regional anesthesia in C-section and other gynecologic surgeries<sup>19</sup>

LOS, length of stay; ORAE, opioid-related adverse event.

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