

## A00 Take home analgesia after caesarean section (THAnCS): a regional survey of current practice and patient experience

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**Introduction:** Adequate analgesia following discharge from hospital after a caesarian section (CS) is an important component of patient care<sup>1,2</sup>. Anecdotal evidence derived from informal feedback suggests that women are often discharged home without adequate analgesia. Our trainee led research collaborative, "SWARM" undertook a sprint survey of analgesia provision following CS.

**Methods:** Prospective telephone survey conducted simultaneously at six acute hospital trusts over a fortnight. Structured interview at 10-14 days post-CS to examine every women's experience of pain and management after discharge. Research governance departments approved the survey as a service evaluation.

**Results:** 159 patients (97% response rate) were contacted. 31% of women described their pain after discharge as moderate and a further 15% as severe. Widespread variation in prescribing practice was observed (Table) with 13% of women receiving no analgesia on discharge.

**Table: analgesia during stay and discharge**

Analgesia	Taken during inpatient stay (n)	Taken on day of discharge (n)	Prescribed as take home analgesia (n)
Paracetamol	149	147	87
Ibuprofen/diclofenac	133	121	120
Codeine/dihydrocodeine	45	18	12
Tramadol	23	13	5
Oramorph	114	32	0
Morphine PCA	6	0	0

Of those prescribed analgesia, 100% used the medication given, with 64% purchasing additional over the counter analgesia. 36% of patients expressed the need for prescription strength analgesia. 65% of these women were taking opioid analgesia on day of discharge but not prescribed similar medication for home. Codeine compounds were most commonly prescribed in primary care. Only 35% of women felt that they received adequate information about their take home analgesia, including breastfeeding safety.

**Discussion:** This multi-centre prospective survey demonstrates that CS analgesia prescribing can be audited in acute trusts. Simple steps could be taken to improve services and overcome the barriers to provision of effective and safe pain relief following CS. These might include education of those prescribing codeine to breastfeeding mothers, the subject of a recent MHRA alert<sup>3</sup>.

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### References

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