

## **Take Home Analgesia after Caesarean Section (THAnCS): A regional survey of practise and patient experience.**

### **SWARM (Southwest Anaesthetic Research Matrix)**

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### **Abstract**

Adequate analgesia on discharge from hospital following a caesarean section (CS) is an important component of care.[1] However little research and indeed, contradictory guidance exists regarding its provision.[2,3,] Furthermore there is anecdotal evidence (via social media sites such as Mumsnet), that some women do not receive adequate pain relief once discharged from hospital.[4] To adress these questions, a South West Peninsula trainee anaesthetist research matrix (SWARM) used a telephone survey to ask every women (159 patients in total; 97% response rate) who underwent a CS between 3rd and 17th March 2014 in the 6 acute hospital trusts in the South West of England, about their experiences of pain relief after discharge.

Of note, 31% of women experienced moderate pain and 15% severe pain after discharge. Furthermore, the survey revealed widespread variation in practise regarding provision of take home analgesia, with 13 % of women not receiving any pain relief at all on discharge from hospital. Of those that were prescribed analgesia, 100% of the patients took the drugs provided with 64% of patients needing to buy additional painkillers, and a further 36% expressing the need for stronger pain relief.

Women expect and need adequate analgesia after caesarean section. Evidence from this study shows that this is not provided in over one third of cases in the South West region. Those requiring an opioid after discharge from hospital are often taking opioid strength analgesia on the day of discharge. Simple steps could be taken to improve services and overcome the barriers to adequate pain relief following CS. This is of particular importance with the development of enhanced recovery programmes to facilitate timely discharge from hospital.[5,6]

### **References**

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